

L13000104118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100251614631

09/16/13--01040--020 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 SEP 23 PM 2:41

APPROVED
AND
FILED

N. Gulligan SEP 23 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REMACE, LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Acey Stinson
(Contact Person)

REMACE, LLC
(Firm/Company)

2477 Tim Gamble Place
(Address)

Tallahassee FL 32308
(City/State and Zip Code)

For further information concerning this matter, please call:

Acey Stinson at (850) 445-2274
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 17, 2013

ACEY STINSON
2477 TIM GAMBLE PLACE
SUITE 200
TALLAHASSEE, FL 32308

SUBJECT: REMACC, LLC
Ref. Number: L13000104118

We have received your document for REMACC, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 213A00021787



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: REMACE, LLC

2. This limited liability company was organized under the laws of:

Florida

3. The Florida document/registration number of this limited liability company is:

L13000104118

4. I, Rachael Davis, hereby resign as a MEM
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Rachael Davis

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 SEP 23 PM 2:41

APPROVED
AND
FILED