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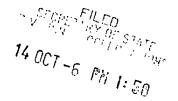
TO:

CR2E079 (2/14)

Registration Section

Division of Corporations JASON KETCHAM PAINTING LLC **SUBJECT:** (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: JASON KETCHAM (Contact Person) JASON KETCHAM PAINTING LLC (Firm/Company) 618 95TH AVE N (Address) NAPLES FL 34108 (City/State and Zip Code) For further information concerning this matter, please call: JASON KETCHAM (Area Code & Daytime Telephone Number) (Name of Contact Person) 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: **MAILING ADDRESS:** Registration Section **Registration Section** Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	e limited liability company as	it appears on the records of the Florida Department
of State is:	ON KETCHAM PAINTING	LLC .
2. The Florida doc L1300011062	_	signed to this limited liability company is:
3. The date this me	ember/manager withdrew/resi	igned or will withdraw/resign is:
4. I, (Print Name of Person Resigning)		
(Print N	Name of Person Resigning)	
AMBR		
	(Print Title)	
resignation in wr	riting.	e limited liability company has been notified of my
Signature of 11	iśsocia f ing Member or Resigi	ning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	