

L13000168731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

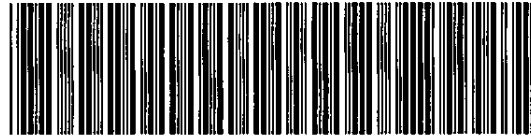
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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15 MAR 10 PM 4:23  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

C.L.  
3-12-15

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Postcard Affiliates - Lake City LLC  
(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:

Billy Hayes

(Contact Person)

(Firm/Company)

4781 N Congress Ave #170

(Address)

Boynton Beach, FL 33426

(City/State and Zip Code)

For further information concerning this matter, please call:

Billy Hayes

(Name of Contact Person)

at 561 424-6785  
(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



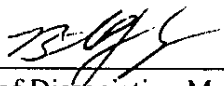
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 MAR 10 PM 4:23

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 limited liability company as it appears on the records of the Florida Department of State is: Postcard Affiliates - Lake City LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L13000168731
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/5/2013
4. I, Billy Hayes, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Managing Member  
*(Print Title)*

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

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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