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Registration Section
Division of Corporations

Powell Legal Consulting, PLLC 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: Gillis E. Powell, Jr. (Contact Person) Powell Legal Consulting, PLLC (Firm/Company) 422 N. Main St. (Address) Crestview, FL 32536 (City/State and Zip Code) For further information concerning this matter, please call: Lyla Peacock (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: S25 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)

l. The name of th	e limited liability company as it	appears on the records of the Florida Department
of State is: Pov	well Legal Consulting, PLLC	·
2. The Florida doi L1400002130		igned to this limited liability company is:
3. The date this m	nember/manager withdrew/resig	ned or will withdraw/resign is: Dec. 31, 2018
4. I, Lacey Powell Clark (Print Name of Person Resigning)		hereby withdraw/resign as a
(Print	Name of Person Resigning)	Hereby withdraw resign as a
	Member/Manager	
	(Print Title)	
of this limited li resignation in w	· •	limited liability company has been notified of my
	n formell	
	Dissociating Member or Resigni	
•	\$25.00 (Required) \$30.00 (Optional)	
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