

L140000 39692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

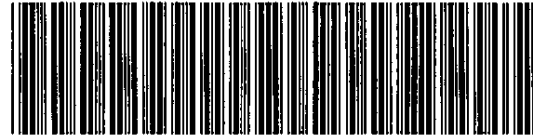
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

SEP 12

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shade Timber 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:

Wade Thomas
(Contact Person)

(Firm/Company)

6497 Skeen Rd
(Address)

Live Oak FL 32060
(City/State and Zip Code)

For further information concerning this matter, please call:

Wade Thomas at (386) 580-7582
(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:

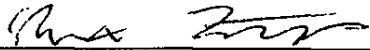
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Dissociation or Resignation of Member, Manager from Florida or Foreign Limited Liability Company (LLC)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: SHADE TIMBER LLC
2. The Florida document/registration number assigned to this limited liability company is: L14000039692
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/15
4. I, Shelton B Feagle, hereby resign as a member of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Date

Signature of Dissociation Member or Resigning Manager

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