

L14000040620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

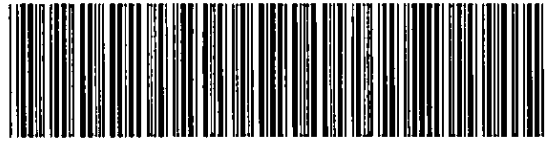
(Business Entity Name)

(Document Number)

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LAW OFFICES OF  
**MEROS, SMITH, LAZZARA, BRENNAN  
& BRENNAN, P.A.**

757 ARLINGTON AVENUE NORTH  
ST. PETERSBURG, FLORIDA 33701

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PEYTON MULLIN  
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† Board Certified Business Litigation Lawyer

\*Former Assistant State Attorney

†Florida Supreme Court Certified Mediator

\*Board Certified Marital and Family Law Lawyer

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June 22, 2018

**FEDERAL EXPRESS**

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

**RE:    Ironcouple, LLC – L14000040620  
       Ironcouple 2, LLC – L14000187054  
       Ironcouple 3, LLC – L15000207377  
       Ironcouple 4, LLC – L16000225091**

Dear Sir/Madam:

The undersigned represents Michael P. Murphy with regards to the Disassociation and Resignation of member, Kristy D. Murphy concerning the above-captioned corporations. Enclosed please find four (4) executed Disassociation and Resignation forms, as well as a check in the amount of \$220.00 as fee for the enclosed. Kindly file the within Disassociation and Resignation Forms and return a "certified" copy of each document to my attention in the self-addressed, stamped envelope enclosed.

Thank you for your time and attention to this matter. If you have any questions or concerns, please do not hesitate to contact our office.

Very truly yours,

WALTER E. SMITH

WES/kc

Enclosures

cc:     Michael P. Murphy (w/encl)

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** IRONCOUPLE, 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:

MICHAEL P. MURPHY  
(Contact Person)

IRONCOUPLE, LLC  
(Firm/Company)

190 NORTH TESSIER DRIVE  
(Address)

ST. PETE BEACH, FL 33706  
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL P. MURPHY at ( 727 ) 537-6220  
(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



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SEAL OF THE STATE OF FLORIDA  
DIVISION OF CORPORATIONS

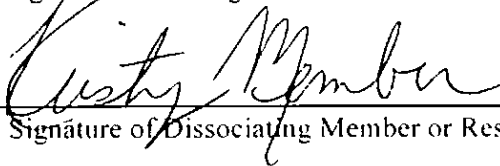
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**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: IRONCOUPLE, LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L14000040620
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 06/08/2018
4. I, KRISTY D. MURPHY, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
AUTHORIZED MEMBER (AMBR)  
*(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)