

**L14000041367**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

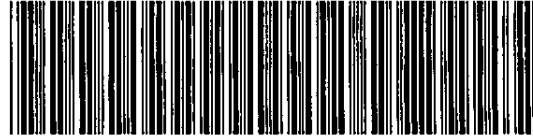
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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**000288868930**

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**FILED**  
2015 AUG 17 A 9:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**S Warren**

**AUG 18 2016**

**SANDERS AND DUNCAN, P.A.**  
ATTORNEYS AT LAW

Barbara Sanders  
Board Certified Criminal Trial Lawyer  
Email: bsanders@fairpoint.net

Donna Duncan  
Email: ddduncan@fairpoint.net

August 15, 2016

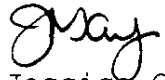
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: The Shop at Franklin Press, LLC  
Resignation of MGRM

Dear Sir or Madam:

Please find enclosed resignation of Andrea Duval as MGRM of The Shop at Franklin Press, LLC, along with a check for the fee of \$25.00. If you should have any questions, please give us a call.

Sincerely,



Jessica Gay  
Legal Assistant

Encl.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THE SHOP AT FRANKLIN PRESS, 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:

Donna Duncan

\_\_\_\_\_  
(Contact Person)

Sanders and Duncan, P.A.

\_\_\_\_\_  
(Firm/Company)

P.O. Box 157

\_\_\_\_\_  
(Address)

Apalachicola, FL 32329

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Donna Duncan

\_\_\_\_\_  
(Name of Contact Person)

at ( 850 ) 653-8976

\_\_\_\_\_  
(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



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: THE SHOP AT FRANKLIN PRESS, LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L14000041367
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/2015
4. I, ANDREA DUVAL, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
MGRM  
*(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)

**FILED**  
2015 DEC 17 A 9:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA