114000061057

(Requestor's Name)
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. PICK-UP WAIT MAIL
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Special Instructions to Filing Officer:



2017 NOV -6 PM 6: 11



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O SIMMONS NOV 0.7 2017

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Fuel Service Of T.B. LLC	
(Name of Lir	nited Liability Company)
The enclosed member, resignation or dissoc	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
Ken Jobson	
(Contact Person)	
Fuel Service of T.B. LLC	
(Firm/Company)	
335 65th Street North	
(Address)	
St. Petresburg, FI 33710	
(City/State and Zip Code)	
For further information concerning this mat	ter, please call:
Ken Jobson	727 776-1253
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	to the Florida Department of State for: ☐ \$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

CR2E079 (2/14)



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)

	limited liability company as it appears on the records of the Florida Department Service of T.B.
	ment/registration number assigned to this limited liability company is:
L14000	061057
David W. Ols	mber/manager withdrew/resigned or will withdraw/resign is: 11/01/2017
4. I,	, hereby withdraw/resign as a, mereby withdraw/resign as a, hereby withdraw/resign as a
Managing Me	nber
	Print Title)
of this limited liab resignation in wri	oility company and affirm the limited liability company has been notified of my ting.
Signature of Dis	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)