

44000070212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

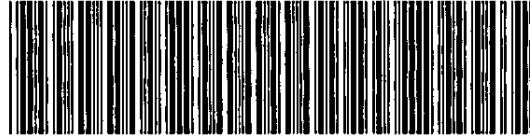
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 03 2015
S. YOUNG

2300 Interstate Cir
Pensacola, FL 32526

October 26, 2015

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

To Whom It May Concern:

Enclosed you will find two forms, the first form is the Dissociation or Resignation of Member, Manager From Florida Limited Liability Company for James T. Harvey resigning as a MGR from HarvieK Restorations, LLC.

The second form is the Articles of Amendment removing James T. Harvey from HarvieK Restorations, LLC. Please note that he is the only MGR being removed, all others will remain the same.

A check is enclosed made payable in the amount of \$50.00 for the filing fee for each form.

If you have any questions, please contact Renee' Keiek at (850) 512-6800.

Thank you,



Renee' Keiek
HarvieK Restorations, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Harviek Restorations, 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:

Renee' D Keier
(Contact Person)

Harviek Restorations, LLC
(Firm/Company)

2300 Interstate Cir
(Address)

Pensacola FL 32526
(City/State and Zip Code)

For further information concerning this matter, please call:

Renee' D Keier at (850) 512-6800
(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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: Harviek Restorations, LLC

2. The Florida document/registration number assigned to this limited liability company is:

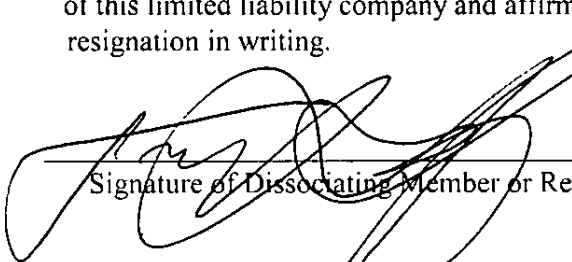
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3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10-26-15

4. I, James T. Harvey, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGR
(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)

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TALLAHASSEE, FLORIDA