

L14000087487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 08 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DUYWASHMAN 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:

SCOTT HERMAN

(Contact Person)

TROPICAL CHIROPRACTIC

(Firm/Company)

4400 W SAMPLE ROAD # 114

(Address)

COCONUT CREEK FL 33073

(City/State and Zip Code)

For further information concerning this matter, please call:

SCOTT HERMAN

(Name of Contact Person)

at (954)

917-434

(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

CR2E079 (2/14)

2015 JUL -7 A 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: DUYWASHMAN LLC

2. The Florida document/registration number assigned to this limited liability company is: L14000087487

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 30/7/15

4. I, SCOTT HERMAN, hereby withdraw/resign as
(Print Name of Person Resigning)

MEMBER

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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2015 JUL 30 A 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA