

614000132175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

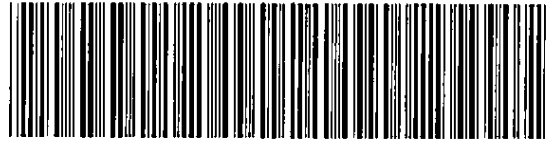
(Business Entity Name)

(Document Number)

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

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Office Use Only



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02/16/24--01030--012 \*\*50.00

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MAR 16 PM 1:39  
CLERK OF STATE  
TALLAHASSEE, FL

2025 FEB 16

K. HUNT

02/16/24



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: Firebug Art Glass LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L14000132175

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1-1-2024

4. I, Lois White, hereby withdraw/resign as a  
(Print Name of Person Resigning)

AMBR  
(Print Title)

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

Lois White  
Signature of Dissociating Member or Resigning Manager

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

2024 FEB 15 PM 1:39  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL  
ED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Firebug Art Glass 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:

Sandra Zettel  
(Contact Person)

Firebug Art Glass  
(Firm/Company)

310 Laurel Rd E  
(Address)

Nokomis, FL 34275  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sandra Zettel at ( 719 ) 502-6934  
(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

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303