## L14000133090

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## COVER LETTER

TO: Registration Section **Division of Corporations** MUNICIPAL BASE SERVICES LLC SUBJECT: (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: LINWOOD L. BURDEN (Contact Person) Municipal Base Services, LLC (Firm/Company) 108 Chestnut Street (Address) Homeland, GA 31537-1637 (City/State and Zip Code) For further information concerning this matter, please call: Linwood L. Burden (Area Code & Daytime Telephone Number) (Name of Contact Person) 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: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301

CR2E079 (2/14)

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

15 MAR 27 PH 4: 19



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY (Pursuant to 605.0216, Florida Statutes)

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM

I. The name of the lin	mited liability company as	it appears on the records of the F	lorida Department
of State is:	ICIPAL BASE SERVIC	ES LLC	
2. The Florida docum L14000133090	_	ssigned to this limited liability cor	npany is:
3. The date this mem	ber/manager withdrew/resi	igned or will withdraw/resign is:	8/25/2014
4 Cheryl J. LeB	lanc	hereby withdraw/resign as	*
(Print Nan	ne of Person Resigning)	, hereby withdraw/resign as	<b></b>
both a member	and a manager		
(P	rint Title)		
of this limited liabil resignation in writi		e limited liability company has be	een notified of my
Cheryl	J. Le Bla	enc/	•
Signature of Diss	ociating Member or Resign	ning Manager	
Filing Fee: Certified Copy:			

CR2E079 (2/14)