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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: Account Ability Marketing, LLC (Name of Limited Liability Company)
(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:
Tory Willingham (Contact Person)
Account Ability Marketing, LLC (Firm/Company)
937 Brookmont Avenue East
Jacksonville FL 32211 (City/State and Zip Code)
For further information concerning this matter, please call:
Tory Willingham at (954) 2929313  (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\sum_{\text{S25}}\$ \$\text{Filing Fee}\$\$ \$\sum_{\text{S55}}\$ \$\text{Filing Fee} & \text{Certified Copy}\$\$
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle Tallahassee, Florida 32301



## 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	he limited liability company	as it appears on the	records of the Flo	orida Dena	rtment
of State is:	Account Abil	ity Marl	Leting	LL C	·
2. The Florida do	ocument/registration number	assigned to this lim	ited liability com	pany is:	
	14000   48582	·		2019 C	
1	nember/manager withdrew/re	esigned or will with	draw/resign is:	MAJI	5-20
	EDANKEN  Name of Person Resigning)	hereby with	idraw/resign as ar Æ		F
	GR (Print Title)		(A)	S Si	
of this limited li resignation in w	ability company and affirm t	he limited liability o	company has been	n notified o	of my
Jan	ice Baulen				
Signature of D	Dissociating Member or Resignation	gning Manager	_		
Filing Fee:	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				