

L14000165141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

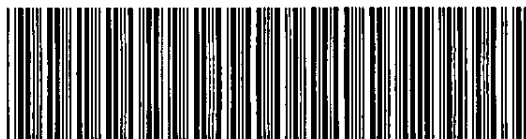
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JAN 14 2016  
J. HARRIS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BUMPKIN BOONIES #12, 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:

Frances Casey Lowe, Esq.

(Contact Person)

Guilday, Schwartz, Simpson, West, Hatch & Lowe, P.A.

(Firm/Company)

68 A Feli Way

(Address)

Crawfordville, FL 32327

(City/State and Zip Code)

For further information concerning this matter, please call:

Frances Casey Lowe

(Name of Contact Person)

at 850 926-8245

(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



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: BUMPKIN BOONIES #12, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L14000165141

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1/1/2016

4. I, Charles E. Roberts, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Managing Member

*(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)

2016 JAN 13 AM 10:48  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS