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COVER LETTER

то:	Registration Section Division of Corporations			
SUB.	JECT:	IRONCOUPLE 2	2, LLC	
		lame of Limited Liabilit	y Company	y)
The c	enclosed member, resignation	or dissociation and	fee(s) are	e submitted for filing.
Pleas	e return all correspondence co	oncerning this matte	r to:	
MIC	HAEL P. MURPHY			
	(Contact Person)		
IROI	NCOUPLE 2, LLC			
	(Firm/Company)		
190	NORTH TESSIER DRIVE			
	(Address)			
ST.	PETE BEACH, FL 33706			
	(City/State and Zip	Code)		
For f	urther information concerning	g this matter, please	call:	
MIC	HAEL P. MURPHY	at (27)	537-6220
	(Name of Contact Person)	(Area	Code & E	Daytime Telephone Number)
	osed please find a check made 5 Filing Fee			rtment of State for: e & Certified Copy
	EET/COURIER ADDRESS	: :		AILING ADDRESS:
_	stration Section sion of Corporations			gistration Section vision of Corporations
	on Building			D. Box 6327
	Executive Center Circle hassee, Florida 32301		Tal	llahassee, Florida 32314

CR2E079 (2/14)





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 i	t appears on the records of the Florida Department		
of State is:	ONCOUPLE 2, LLC			
2. The Florida doc L14000 ₹ 1870		igned to this limited liability company is:		
3. The date this me	ember/manager withdrew/resig	med or will withdraw/resign is:06/08/2018		
KRISTY D. MURPHY		hereby withdraw/resign as a		
(Print N	Same of Person Resigning)	, hereby withdraw/resign as a		
AUTHORIZE	D MEMBER (AMBR)			
	(Print Title)			
resignation in wr		limited liability company has been notified of my		
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			