

L15 000017612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

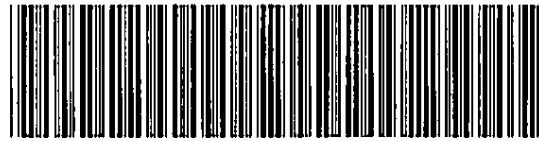
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TOLSON, SEPT 10

3/23/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kerry Barnett Fire Safety Consulting, 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:

Kerry Barnett

(Contact Person)

Kerry Barnett Fire Safety Consulting

(Firm/Company)

13258 QUIGLEY AVE

(Address)

WEEKI WACHEE, FL 33614

(City/State and Zip Code)

For further information concerning this matter, please call:

Kerry Barnett

813 778-4981
at ()

(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



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2021 FEB -4 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FL

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: Kerry Barnett Fire Safety Consulting, LLC

2. The Florida document/registration number assigned to this limited liability company is:
1.15000012612

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/13/20

4. I, Lisa Barnett, hereby withdraw/resign as a
(Print Name of Person Resigning)
Manager
(Print Title)

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

Lisa Barnett

Signature of Dissociating Member or Resigning Manager

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

Lisa Barnett
43951 CR 54E
Kathleen, FL 33849

December 13, 2020

This is to inform you of my decision to voluntarily resign my position as Owner/Manager with Kerry Barnett Fire Safety Consulting, Inc. This is for personal reasons and future business opportunities. Please remove my name from anything business related, including licensing and financial from this date forward.

Respectfully

A handwritten signature in cursive script that reads "Lisa Barnett".

Lisa Barnett

Date: 12/13/20