# LESSON 127768

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#### **COVER LETTER**

Division of Corporations	
SUBJECT: QFO, LLC	
	mited Liability Company)
The enclosed member, resignation or dissoc	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
Tod Whipple	
(Contact Person)	
(Firm/Company)	
13114 Cardeto Ct.	
(Address)	
Estero, FL 33928	
(City/State and Zip Code)	
For further information concerning this matt	tter, please call:
Tod Whipple	Area Code & Daytime Telephone Number (Area Florida Department of State for
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable	
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
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#### 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

CR2E079 (2/14)

TO:

Registration Section



### 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)

		it appears on the records of the	Florida Department
2. The Florida docu L1500002776	•	ssigned to this limited liability co	ompany is:
4. I, Tod Whipple		igned or will withdraw/resign is, hereby withdraw/resign a	
Manager	Jame of Person Resigning)  (Print Title)		
of this limited lia resignation in wr		ne limited liability company has l	
Signature of Di Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	ning Manager	PILED 2016 FEB 29 A 8 2 SECRETARY OF STATIONAL AHASSEE, I'L ORN