# 115000035884

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 10, 2015

STACIE JOHNSON UNITED COMPOUNDING, LLC 3236 WHITLEY BAY COURT LAND O LAKES, FL 34638

SUBJECT: UNITED COMPOUNDING, LLC

Ref. Number: L15000035884

We have received your document for UNITED COMPOUNDING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

STACIE JOHNSON IS NOT THE REGISTERED AGENT FOR THIS LLC - SHE IS LISTED AS AMBR, USE ENCLOSED FORM TO RESIGN.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason Regulatory Specialist II

Letter Number: 515A00014483

#### **COVER LETTER**

Division of Corporations
SUBJECT: UNITED COMPANDING, LC (Name of Limited Liability Company)
(Maine of Emales Elastin) Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
STACIE JOHNSON (Contact Person)
UNITED COMPOUNDING, LLC (Firm/Company)
3248 STONEMAN LOOP
LMD OLAKES, FL 34638 (City/State and Zip Code)
For further information concerning this matter, please call:
STACIE JOHASON at (813) 335. (6522 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\square\$ \$\frac{1}{2}\$\$ Filing Fee & Certified Copy

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

TO: Registration Section

MAILING ADDRESS:
Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, 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	it appears on the r	ecords of the	Florida De	partment
of State is:	NITED COMPOUN	DING, LI	LC_		
2. The Florida docu	ument/registration number as:	signed to this limit	ted liability co	ompany is:	
415000	035884				
<del></del>	mber/manager withdrew/resig	gned or will withd	lraw/resign is:	6/	1/2015
4.1, STACIE	ſ	, hereby with			
AMB	R Print Title)				
of this limited lial resignation in wr	pility company and affirm the ting.	limited liability c	ompany has b	een notific	d of my
Signature of Di	Johns Member or Resign	ing Manager	_		
J					
Filing Fee:	\$25.00 (Required)			20	
Certified Copy:	\$30.00 (Optional)		•	18 964 91 18 964 91	Canada de de la composición del composición de la composición del composición de la
				TO TO	\ - 1 <b>(* )</b>

CR2E079 (2/14)