## L15000044950

(Requestor's Name)		
(Add	dress)	
	droce)	
(Address)		
	_	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Dir	siness Entity Nan	no\
(Dus	Siness Enuty Man	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
	_	
		·
Special Instructions to I	Filing Officer:	

Office Use Only



100350370591

08/14/20--01005--013 \*\*25.00

20 VIII III VANILLE IS

Himb. U Ososlila

## **COVER LETTER**

Division of Corporations			
St John Fence LLC SUBJECT:			
	Limited Liability (	Company)	<del></del>
The enclosed member, resignation or diss	ociation and fe	e(s) are submitted for filing.	
Please return all correspondence concerni	ng this matter t	o:	
Ron St John			
(Contact Person)			
St John Fence LLC			
(Firm/Company)		<del></del>	
7404 Sunset Ave			
(Address)			
Panama City Florida 32408			26
(City/State and Zip Code)			A LE
For further information concerning this m	natter, please ca	11:	当為
Ron St John	850 at (	814 8403	26 WR 11 WHI 15
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Numbe	ir) = 3
Enclosed please find a check made payab	le to the Florida	a Department of State for:	<del>-</del> ,
■ \$25 Filing Fee	□ \$55 Fil	ing Fee & Certified Copy	
Mailing Address:		Street Address:	
Registration Section		Registration Section	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314

**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)

1. The name of the limited liability company a of State is:	as it appears on the records of the Florida Department
2. The Florida document/registration number a	assigned to this limited liability company is:
3. The date this member/manager withdrew/re	signed or will withdraw/resign is:
Kelly McDaniel	, hereby withdraw/resign as a
COO	
(Print Title)  of this limited liability company and affirm tresignation in writing.	the limited liability company has been notified of my
Signature of Dissociating Member or Resi	gning Manager

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)