

L15000050027

\_\_\_\_\_  
(Requestor's Name)  
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(Address)  
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(Address)  
\_\_\_\_\_  
(City/State/Zip/Phone #)

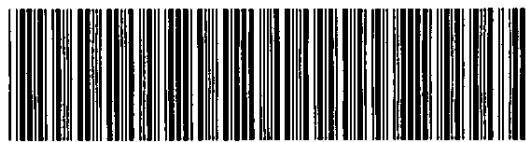
PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)  
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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07/28/15--01014--004 \*\$25.00

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**F.I.L.E.D.**

JUL 29 2015

S MASON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LARM Enterprises, 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:

Lawrence Adkins

(Contact Person)

LARM Enterprises, LLC

(Firm/Company)

12537 Magnolia Cove Court

(Address)

Clermont, FL 34711

(City/State and Zip Code)

For further information concerning this matter, please call:

Lawrence Adkins

407

497-9854

(Name of Contact Person)

at ( ) (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

**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



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: LARM Enterprises, LLC

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

L15000050027

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7/24/2015

4. I, Robert L. Moon, 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.

A handwritten signature in black ink, appearing to read "Robert L. Moon".

Signature of Dissociating Member or Resigning Manager

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