## 11500054185

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (Addiess)                               |
| (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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4/6/19

## COVER LETTER

| TO: Regi  | stration Section              |                      |  |  |
|---|-------------------------------|----------------------|--|--|
| Divis   | sion of Corporations          |                      |  |  |
| SUBJECT:  | MacGyver's Quality Conn       | ections, LLC         |  |  |
| SUBJECT.  | (Name of L                    | imited Liability Con | mpany)   |  |
| The enclosed member, resignation or dissociation and fee(s) are submitted for filing. |                               |                      |  |  |
| Please return   | n all correspondence concerni | ng this matter to:   |  |  |
| Joseph Ma   | ac Iver                       |                      | _  |  |
|   | (Contact Person)              |                      | _  |  |
| MacGyver  | 's Quality Connection, LLC    |                      |  |  |
|   | (Firm/Company)                |                      | -  |  |
| 217 Deltor  | na Blvd                       |                      |  |  |
|   | (Address)                     |                      | _  |  |
| Saint Augu  | ustine, FL 32086              |                      |  |  |
|   | (City/State and Zip Code)     |                      | _  |  |
| For further   | information concerning this n | natter, please call: |  |  |
| Joseph Ma   | ac Iver                       | 386<br>at (          | 627-9036   |  |
| (1  | Name of Contact Person)       |                      | e & Daytime Telephone Number)                    |  |
| Enclosed pl   | ease find a check made payab  | le to the Florida l  | Department of State for:  g Fee & Certified Copy |  |
|   | <b>6</b>                      |                      |  |  |
| STREET/C  | COURIER ADDRESS:              |                      | MAILING ADDRESS:                                 |  |
| Registration  | 1 Section                     |                      | Registration Section                             |  |
| Division of   | Corporations                  |                      | Division of Corporations                         |  |
| Clifton Bui   | lding                         |                      | P.O. Box 6327                                    |  |

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle Tallahassee, Florida 32301



## 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)

| . The Florida document/registration numbe                              | r assigned to this limited liability company is:   |
|--|--|
| L15000054185   |  |
| 3. The date this member/manager withdrew                               | /resigned or will withdraw/resign is:  |
|  | , hereby withdraw/resign as a  |
| (Print Name of Person Resigning)                                       |  |
| Manager  |  |
| (Print Title)  | 一<br>三<br>三<br>三<br>三<br>三<br>三<br>三<br>三<br>三<br>三<br>三<br>三<br>三<br>三<br>三<br>三<br>三<br>三<br>三 |
| of this limited liability company and affin<br>resignation in writing. | m the limited liability company has been notified of   |
| Snitland Lilena Mac days   | ## * * * * * * * * * * * * * * * * * *   |

\$25.00 (Required)

\$30.00 (Optional)

CR2E079 (2/14)

Filing Fee:

Certified Copy: