

L15000057876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

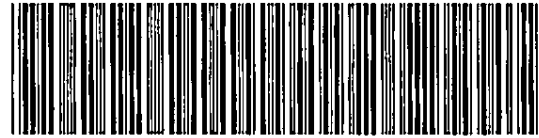
(Business Entity Name)

(Document Number)

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12/14/17--01018--014 **55.00

17 DEC 14 AM 7:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 4 Square SRQ 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:

Patricia BRAZZI
(Contact Person)

4 Square SRQ LLC
(Firm/Company)

17251 Prairie Creek Blvd
(Address)

Punta Gorda, FL 33982
(City/State and Zip Code)

For further information concerning this matter, please call:

Patricia Brazzi at (941) 626-6166
(Name of Contact Person) (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: 4 Square SRQ LLC

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

~~15000057876~~ L15000057876

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/11/17

4. I, Richard J Lecomte, hereby withdraw/resign as a
(Print Name of Person Resigning)

Principal

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.

Richard J Lecomte

Signature of Dissociating Member or Resigning Manager

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

17 DEC 14 AM 9 30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA