## L15 0000 73224

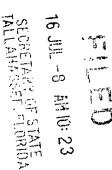
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dusiliess Littly Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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J. HARRIS

## **COVER LETTER**

TO: Registration Section	
Division of Corporations	
SUBJECT: Mr. Brown Septic LLC	
	Liability Company)
The enclosed member, resignation or dissociation	on and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to:
James Brown	
(Contact Person)	
Mr. Brown Septic LLC	
(Firm/Company)	
12717 Gulfstream Blvd. Unit 1	
(Address)	
Port Charlotte, FL 33981	
(City/State and Zip Code)	
For further information concerning this matter, p	please call:
James Brown	941 698-1286
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	ne Florida Department of State for:  1 \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Pagistration Section	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	•

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)

	• • •	s it appears on the records of the	Florida Department
	ument/registration number a	essigned to this limited liability co	ompany is:
		signed or will withdraw/resign is:, hereby withdraw/resign as	
Manager	(Print Title)		
of this limited lia resignation in wi		he limited liability company has b	peen notified of my
Signature of D	issociating Member or Resig	gning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		TALLAHASSIF