

L15000082226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

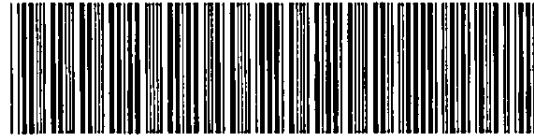
(Business Entity Name)

(Document Number)

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

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09/22/17--01028--003 \*\*55.00

FILED  
17 SEP 22 PM 8:30  
CLERK OF COURT  
JANUARY 1, 2017

D. SCOTT  
SEP 25 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Garvie Family Investments, 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:

Joe Garvie  
(Contact Person)

Garvie Family Investments, LLC  
(Firm/Company)

315 SHELL AVE. SE  
(Address)

FORT WALTON BEACH, FL 32548  
(City/State and Zip Code)

For further information concerning this matter, please call:

Joe Garvie at ( 850 ) 243-5554  
(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

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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: Garve Family Investments, LLC

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

L15000082226

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 5/21/2017

\* DATE OF DEATH \*

4. I, WILLIAM N. GARVE, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MGR

(Print Title)

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

DECEASED: SEE ATTACHED DEATH CERTIFICATE

Signature of Dissociating Member or Resigning Manager

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

FILED  
SEP 22 11 30  
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