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N. CAUSSEAUX OCT 1 - 2018

COVER LETTER

TO: Regi	stration Section			
Divi	sion of Corporations			
SUBJECT:	Four Rivers Law Firm, PLLC			
	(Name of	Limited Liability Co	ompany)	
The enclose	d member, resignation or dis	sociation and fee((s) are submitted for filing.	
Please return	n all correspondence concern	ing this matter to	:	
Joe South	ron			
	(Contact Person)	_	_	
Four River	s Law Firm, PLLC			
	(Firm/Company)	-	-	
PO Box 32	0524			
	(Address)		_	
Tampa, FL	. 33679			
	(City/State and Zip Code)		_	
For further in	nformation concerning this n	natter, please call:		
Joe Southr	on	813	773-5105	
(N	lame of Contact Person)		e & Daytime Telephone Number)	
Enclosed ple \$25 Filing	ease find a check made payab g Fee		Department of State for: g Fee & Certified Copy	
STREET/C	OURIER ADDRESS:		MAILING ADDRESS:	
Registration Section			Registration Section	
Division of Corporations			Division of Corporations	
Clifton Build			P.O. Box 6327	
	ive Center Circle		Tallahassee, Florida 32314	

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)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is: Fou	r Rivers Law Firm, PLLC
2. The Florida doc L1500011605	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: 9/12/2018
4. I, Marshall Bei	ner, hereby withdraw/resign as a dame of Person Resigning)
(Print N	Jame of Person Resigning)
Member	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
	万人
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)
Certified Copy:	\$30.00 (Optional)