(Re	equestor's Name)	· · · · · ·
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	S HORNE
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COVER LETTER

TO: Registration Section **Division of Corporations** Charlie Williams Property Management LLC SUBJECT: (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: Katrina Williams (Contact Person) Charlie Williams Property Management LLC (Firm/Company) 7815 NW 89th Ct (Address) Okeechobee, FL 34972 (City/State and Zip Code) For further information concerning this matter, please call: Katrina Williams (Name of Contact Person) (Area Code & Davtime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROME FI ORIDA OR FOREIGN LIMITED LIABILITY COMPANY 105 0216 Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: Charlie Williams Property Management LLC
2. The Florida document/registration number assigned to this limited liability company is: L15000125739
3. The date this member/manager withdrew/resigned or will withdraw/resign is:
4. I,, hereby withdraw/resign as a
(Print Name of Person Resigning)
Manager
(Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Dissociating Member or Resigning Manager

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)