L15000128747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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16 MAY 19 AM 7:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 21 2016

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WORKBIRDS 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:

MATT CORCORAN
(Contact Person)

(Firm/Company)

4508 W BRANCH WAY DR
(Address)

TAMPA FL 33609
(City/State and Zip Code)

For further information concerning this matter, please call:

MATT CORCORAN at (813) 230-8935
(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

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: WORKBIRD LLC.

2. The Florida document/registration number assigned to this limited liability company is: L15000128747.

3. The date this member/manager withdrew/resigned or will withdraw/resign is: MATTHEW CORCORAN

4. I, MATTHEW CORCORAN, hereby withdraw/resign as a
(Print Name of Person Resigning)

CFO.
(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

16 MAY 19 AM 7:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

CR2E079 (2/14)