

L15000137627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

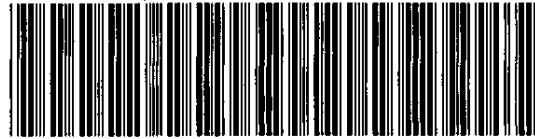
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 03 2017

SULKER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

All Florida Referral Network, LLC

Signature _____

Requested by: Seth

06/28/17

Name _____

Date _____

Time _____

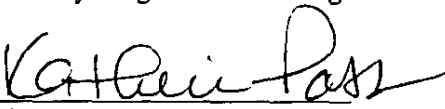
Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

Resignation of Manager and Officer from Florida Limited Liability Company
(Pursuant to Section 605.0216 of the Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: **All Florida Referral Network, LLC**
2. The Florida document number assigned to this limited liability company is: **L15000137627**
3. The date this Manager resigned is: 6/28/17
4. I, **Katherine L. Pass**, hereby resign as a Manager, Vice President, and Treasurer of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.


Katherine L. Pass

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