

L15000139686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

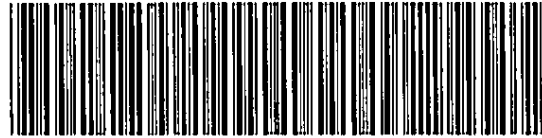
(Business Entity Name)

(Document Number)

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

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Office Use Only



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05/04/18--01015--024 \*\*25.00

FILED  
18 MAY 18 PM 2:25  
RECEIVED  
MAY 18 2018  
CLERK OF COURT  
JULIA M. GARCIA

O SIMMONS  
MAY 18 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 9, 2018

CATHERINE GORMAN  
722 PINE CREST LN  
NAPLES, FL 34104

SUBJECT: THE SPIRITED PAINTER, LLC  
Ref. Number: L15000139686

We have received your document for THE SPIRITED PAINTER, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please enter date member withdrew/resign from company.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 018A00009583

RECEIVED

2018 MAY 18 AM 10:32

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32314

*I am so sorry  
corrected.  
Thank you!*

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Spirited Painter, 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:

Catherine Gorman  
(Contact Person)

The Spirited Painter  
(Firm/Company)

% 722 Pine Crest Lane  
(Address)

Naples, FL 34104  
(City/State and Zip Code)

For further information concerning this matter, please call:

Catherine Gorman at ( 239 ) 272-8809  
(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



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)

FILED  
MAY 18 PM 2:22  
2018

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: The Spirited Painter, LLC.

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

L15000139686

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 5/1/18

4. I, Claire Regina Gorman, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Co-owner  
(Print Title)

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

Claire Gorman  
Signature of Dissociating Member or Resigning Manager

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