## 115000149749

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer.			
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## **COVER LETTER**

_	stration Section sion of Corporations		
SUBJECT:	Family Fiancial Services of Florida, LL	.c	
SCEGEOT.	(Name of Limite	d Liability Cor	mpany)
The enclosed	d member, resignation or dissociate	tion and fee(s	s) are submitted for filing.
Please return	all correspondence concerning th	is matter to:	
Jason Penrod			
	(Contact Person)		_
Family Financi	al Services of Florida, LLC		
	(Firm/Company)		<del>-</del>
122 E. Tillman	Ave.		
	(Address)		_
Lake Wales, FI	L 33853		
	(City/State and Zip Code)		<del>-</del>
For further in	nformation concerning this matter	, please call:	
Jason Penrod		863 at (	676-8432
(N	ame of Contact Person)	·	& Daytime Telephone Number)
Enclosed ple	ase find a check made payable to g Fee		Department of State for: g Fee & Certified Copy
Regis Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 hassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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)

	limited liability company as it appears on y Financial Services of Florida, LLC	the records of the Florida Department
2. The Florida doce L15000149749	ument/registration number assigned to this	limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will	withdraw/resign is: 12/31/2023
4. I, James M. Nelson	herehy	withdraw/resign as a
(Print N	Jame of Person Resigning), hereby	William/1931gil as a
AMBR		
	(Print Title)	
of this limited lia resignation in wr	bility company and affirm the limited liab	ility company has been notified of my
· ·		<del>-</del> : .
	accourages	;
Signature of Dissociating Member or Resigning Manager		
		•
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	ر - ا