

L15000153/22

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

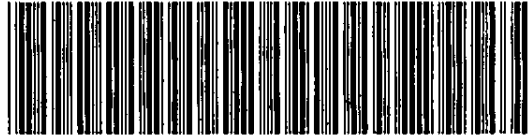
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900282432529

04/13/16--01014--016 **55.00

FILED

2016 APR 13 A 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 14 2016
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Just Right Charters, 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:

Terri Amt
(Contact Person)

(Firm/Company)

1949 Forest Vista Ct.
(Address)

Dacula, GA 30019
(City/State and Zip Code)

For further information concerning this matter, please call:

Terri Amt at 404 386-5006
(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

FILED
2016 APR 16 A 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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: Just Right Charters, LLC

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

L15000153122

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/8/2015

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

MMBB

(Print Title)

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

[Signature]
Signature of Dissociating Member or Resigning Manager

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

FILED
2016 APR 13 A 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA