L15000 180 124

(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



600331972726

07/19/19--01017--004 **25.00

19 JUL 19 PH 2:07

JUL 2017 SCHROEDER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Build Signs ONline, 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:
Kathleen Burnett (Contact Person)
BUILD Signs ontird, UC
3854 maratel AVE East
Braden for FL 34307 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (941) 545-8508 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sumset\$ \$\\$\\$25 \text{Filing Fee}\$\$\$ \$\sumset\$ \$\\$\\$55 \text{Filing Fee & Certified Copy}\$\$
STREET/COURIER ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations
Clifton Building P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301

. .



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 co	mpany as it	appears on th	he records of	the Florida Department
of State is:	wild sig	ns or	Mine, L	10	
2. The Florida docu	ment/registration	number assi	gned to this li	imited liabilit	ty company is:
L15	0001801	24	 ·		
3. The date this mer	nber/manager with	hdrew/resign	ned or will wi	thdraw/resign	n is: <u>7-14-2019</u>
4. I, Ry Charle	Skynun Ime of Person Resigni	lng)	, hereby w	ithdraw/resig	ул as a
Title	MGRI Print Title)	 -			
of this limited liab resignation in writ	ility company and ing.	affirm the l	mited liabilit	y company h	as been notified of my
Report	Styl		·		15 74(1)
Signature of Dis	sociating Member	or Resignin	g Manager		
Filing Fee: Certified Copy:	\$25.00 (Require \$30.00 (Options				TO PH 2