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(F	Requestor's Name)			
(Address)				
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(0	Dity/State/Zip/Phone #	(f)		
PICK-UP	☐ WAIT	MAIL		
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Certified Copies	Certificates o	of Status		
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IRON	JECT:				
(Name of Limited Liability Company)					
The enclosed member, resignation or dissoc	iation and fee(s)	are submitted for filing.			
Please return all correspondence concerning	this matter to:				
MICHAEL P. MURPHY					
(Contact Person)					
IRONCOUPLE 3, LLC					
(Firm/Company)					
190 NORTH TESSIER DRIVE					
(Address)					
ST. PETE BEACH, FL 33706					
(City/State and Zip Code)					
For further information concerning this mat	ter, please call:				
MICHAEL P. MURPHY	727	537-6220			
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)			
Enclosed please find a check made payable ☐ \$25 Filing Fee		epartment of State for: Fee & Certified Copy			

STREET/COURIER ADDRESS:

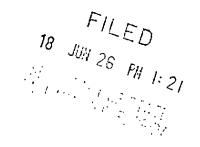
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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)

I. The name of the	e limited liability company as	it appears on the records of the I	Florida Department
of State is:	RONCOUPLE 3, LLC		
2. The Florida doc L1500020737	•	ssigned to this limited liability co	ompany is:
WEIGTV B	ALIDALIS.	igned or will withdraw/resign is: , hereby withdraw/resign as	
	Name of Person Resigning) D MEMBER (AMBR)	, hereby withdraw/resign as	
resignation in w		ne limited liability company has b	een notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		