# L16000001431

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Y SIN 1777

### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Julia Drive LLC (Name of Lim	ited Liability Company)
The enclosed member, resignation or dissoci	
Please return all correspondence concerning	this matter to:
Sally Beth Hoff	
(Contact Person)	
Julia Drive LLC	
(Firm/Company)	<del></del>
3202 W. Nine Mile Rd. Apt. 2207	
(Address)	
Pensacola, FI 32534	
(City/State and Zip Code)	
For further information concerning this matter	er, please call:
Sally Beth Hoff	850 776-3897
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	o the Florida Department of State for: ☐ \$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

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)

	he limited liability compan Ilia Drive LLC	ny as it appears on the re	ecords of the Florida	n Department
2. The Florida do	ocument/registration numb 431	er assigned to this limite	ed liability company	y is:
3. The date this r	nember/manager withdrew Hoff	v/resigned or will withdr	raw/resign is:	ember 04, 1 2019 <b>NOV</b>
(Prin	n Name of Person Resigning) Manager and Treasure		HASSEF	NOV-8
of this limited resignation in	(Prim Title) liability company and affirmwriting.	m the limited liability co	ompany has been no	が Stikd of Di E Di
Signature of	Dissociating Member or R	tesigning Manager	_	
Filing Fee:	\$25.00 (Required)			

\$30.00 (Optional)

Certified Copy:

#### November 04,2019

I, Carl David Hoff, resign from Julia Drive LLC effective immediately and give all my shares to Sally Beth Hoff.

Carl David Hoff