## <u>L16 0000 45946</u>

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
( )		
(City	//State/Zip/Phone	e #)
	☐ WAIT	☐ MAIL
☐ PICK-UP	U WAII	WAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
(4.5)	,	
O-wife a O-wi-	0-46-4-	
Certified Copies	Certificates	s or Status
Special Instructions to F	Filing Officer:	
		ŀ

Office Use Only



100287083511

06/22/16--01016--006 \*\*25.00

SECRETARY OF STATE FALLAHASSEE, FLORIDA

2016 JUN 22 PH 12: 5

K.SALY EXAMINER JUN 23

## **COVER LETTER**

Division of Corporations	
Full Throttle Framing, LLC SUBJECT:	<b>;</b>
	.imited Liability Company)
The enclosed member, resignation or disso	ociation and fee(s) are submitted for filing.
Please return all correspondence concernir	ng this matter to:
RAYMOND SORRELLS	
(Contact Person)	· · · · · ·
Full Throttle Framing, LLC	
(Firm/Company)	<del></del>
2451 INDIGO AVE	
(Address)	
MIDDLEBURG, FL 32068	·
(City/State and Zip Code)	
For further information concerning this ma	atter, please call:
Raymond Sorrells	at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payabl ■ \$25 Filing Fee	e to the Florida Department of State for:  \$\square\$ \$\\$55\$ Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations P.O. Box 6327
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	i analiassee, 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)

Full	limited liability company as it appears on the records of the Florida Department Throttle Framing, LLC
2. The Florida doc L1600004594	ument/registration number assigned to this limited liability company is:  6
	5-31-2016
	ember/manager withdrew/resigned or will withdraw/resign is:
Jody Griffis	h analys swith durass/mariem an a
ł. l,	, hereby withdraw/resign as a [ame of Person Resigning]
	dame of Person Resigning)
Member	
<del></del>	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	issociating Wernber or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Conv	\$30.00 (Optional)