

L16000086391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

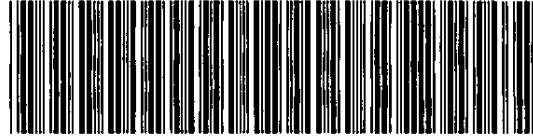
(Business Entity Name)

(Document Number)

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CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

2016 SEP 26 PM 3:30

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D. BRUCE
SEP 28 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: QUALIFIED PARTNERS
(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:

BRYAN THOMAS
(Contact Person)

(Firm/Company)

411 WALNUT ST #652C
(Address)

GREEN COVE SPRINGS, FL 32043
(City/State and Zip Code)

For further information concerning this matter, please call:

BRYAN THOMAS at (410) 984-7006
(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
2018 SEP 25 P 3:00
TALLAHASSEE, FLORIDA
CLERK OF THE COURT



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: QUALIFIED PARTNERS

2. The Florida document/registration number assigned to this limited liability company is:
L16000086391 FILED MAY 02, 2016

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/20/2016

4. I, BRYAN J THOMAS, hereby withdraw/resign as a
(Print Name of Person Resigning)

CO-FOUNDER
(Print Title)

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

[Signature] 9/22/2016
Signature of Dissociating Member or Resigning Manager

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