

L160000129983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

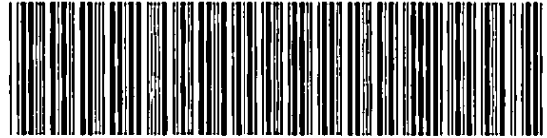
(Business Entity Name)

(Document Number)

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NOTICE OF FILING

D BRUCE
DEC 03 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Executive Asset Management Group
(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:

William Pavlock

(Contact Person)

(Firm/Company)

101 South Old Coachman Rd Apt # 403

(Address)

Clearwater, FL 33765

(City/State and Zip Code)

For further information concerning this matter, please call:

William Pavlock

(Name of Contact Person)

at (727) 470-7171

(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

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CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE SEVENTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA



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: Executive Asset Management Group

2. The Florida document/registration number assigned to this limited liability company is:

L16000129983

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4/10/2018

4. 1. William L Pavlack hereby withdraw/resign as a
(Print Name of Person Resigning)

MGR
(Print Title)

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

William L Pavlack
Signature of Dissociating Member or Resigning Manager

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

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NOV 21 PM 1:20
TALLAHASSEE, FLORIDA