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SECRETARY OF STATE

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## COVER LETTER

**Division of Corporations** LARRY WALSH AND ASSOCIATES, LLC SUBJECT: (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: BRENT WALSH, PRESIDENT (Contact Person) LARRY WALSH AND ASSOCIATES, LLC (Firm/Company) 16400 HIGHWAY 331 SOUTH, SUITE B2 # 268 (Address) FREEPORT, FL 32439 (City/State and Zip Code) For further information concerning this matter, please call: **BRENT WALSH** 225 505-0588 at ( \_\_\_ (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee ☐ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:

Registration Section



2021 AUG 19 PM 4: 08
SECRETARY OF STATE
TALL SHAPETER

## 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)

	e limited liability company as it appears on the records of the Florida Department RRY WALSH AND ASSOCIATES, LLC
2. The Florida do: L16000167950	cument/registration number assigned to this limited liability company is:
4. I. LARRY WAL	ember/manager withdrew/resigned or will withdraw/resign is: 30,202  SH, hereby withdraw/resign as a  Name of Person Resigning)  AS CHAIRMAN
	(Print Title) ability company and affirm the limited liability company has been notified of my
resignation in w	
Signature of I	Dissociating Member or Resigning Manager
~	\$25.00 (Required) \$30.00 (Optional)