L/6000 179/56

(Requestor's Name)		
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PICK-UP WAIT MAIL		
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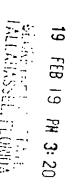


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FEB 2 3 2019

S. YOUNG



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Barrett Limited, LLC	
(Name of Limited Liabili	ity Company)
The enclosed member, resignation or dissociation and	fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to:
Maurice Arcadier, Esq.	
(Contact Person)	
Arcadier, Biggie and Wood, PLLC	
(Firm/Company)	
2815 W. New Haven, 304	
(Address)	
Melbourne, Florida 32904	
(City/State and Zip Code)	
For further information concerning this matter, please	call:
Maurice Arcadier 321	953-5998
	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flor □ \$25 Filing Fee ■ \$55	rida Department of State for: Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	rananasacc, rionga 52514

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)

1. The name of the limited liability company as it appears on the records of the of State is:	Florida Department
2. The Florida document/registration number assigned to this limited liability co	ompany is:
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4. 1, NEOCO, LLC (James Mundan), hereby withdraw/resign as (Print Name of Person Resigning) Manager and Member (Print Title)	2/14/2019 a
of this limited liability company and affirm the limited liability company has be resignation in writing. Signature of Dissociating Member or Resigning Manager As Menager of Neoco, LLC. Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	PEB 19 PK 3: 20