

L16 00019422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS
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Dissociation

SEP 30 2020

D CUCHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mpire Tattoos + Ink Company LLC
(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:

Craig McClellan Sr.
(Contact Person)

Mpire Tattoos + Ink Company LLC
(Firm/Company)

1315 Homestead Rd N Suite H
(Address)

Lehigh Acres, FL 33936
(City/State and Zip Code)

For further information concerning this matter, please call:

Craig McClellan Sr. at (239) 265-4135
(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

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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20 JUL 16 PM 10:15



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: Marie Tattoos + Ink Company LLC

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

L1600019422 922

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 07-10-2020

4. 1. Craig McEllen Jr., hereby withdraw/resign as a
(Print Name of Person Resigning)

Authorized Representative
(Print Title)

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

Craig McEllen Jr. 7-10-2020
Signature of Dissociating Member or Resigning Manager

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

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JUL 16 AM 10:11
SECRETARY OF STATE
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