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(Re	equestor's Name)	
(Ad	dress)	
(Ac	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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FILED

18 JUN 28 PH 1: 27

JUN 27 2018

COVER LETTER

Division of Corporations IRONCOUPLE 4, 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: MICHAEL P. MURPHY (Contact Person) **IRONCOUPLE 4, LLC** (Firm/Company) 190 NORTH TESSIER DRIVE (Address) ST. PETE BEACH, FL 33706 (City/State and Zip Code) For further information concerning this matter, please call: MICHAEL P. MURPHY 727 537-6220 (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$25 Filing Fee ■ \$55 Filing Fee & Certified Copy MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

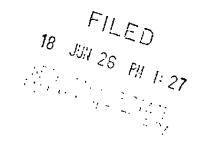
2661 Executive Center Circle

Tallahassee, Florida 32301

TO:

Registration Section





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)

	limited liability company as it appears on the records of the Florida Depa	rtment
2. The Florida doc L1600022509	ument/registration number assigned to this limited liability company is: 1	
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:	18
4. I, KRISTY D. I		
(Print)	ame of Person Resigning)	
AUTHORIZE	D MEMBER (AMBR)	
	(Print Title)	
resignation in w	ssociating Member of Resigning Manager	of my
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	