

L1700000 9761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

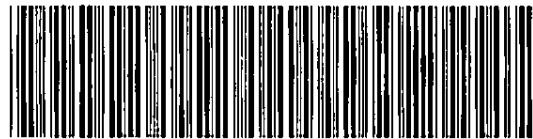
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Francio Freeman  
advised to chg the  
date will resign to  
12/10/18 11/20/18  
(10)

Office Use Only



700320326107

11/05/18--01011--028 +\$25.00

FILED  
2018 NOV -5 AM 11:56  
SECRETARY OF STATE  
TALLAHASSEE, FL 32309

Member/Bes

NOV 20 2018

ALBRITTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Johnson & Freeman 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:

Elizabeth Johnson  
(Contact Person)

NextHome Salty Dog Realty  
(Firm/Company)

285 N. Grove Street  
(Address)

Merritt Island FL 32953  
(City/State and Zip Code)

For further information concerning this matter, please call:

Elizabeth Johnson at (321) 795 7167  
(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

**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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
2018 NOV -5 AM 11:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Johnson & Freeman LLC

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

81-5002992

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

4. I, Francis M. Freeman, hereby withdraw/resign as a  
(Print Name of Person Resigning)

AP- Authorized Person  
(Print Title)

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

Francis M. Freeman  
Signature of Dissociating Member or Resigning Manager

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