

L17000020325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

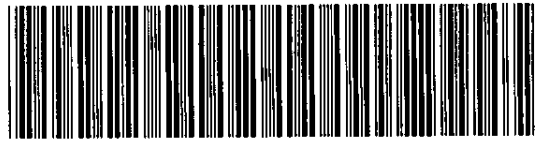
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900306236329

12/05/17--01033--013 **25.00

FILED
17 DEC -5 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O. SIMMONS

DEC 08 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: South Walton Beach Chair Guys LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jamie Cook
Name of Person

South Walton Beach Chair Guys
Firm/Company

101 Perimeter Place
Address

Freeport FL 32439
City/State and Zip Code

southwaltonbeachchairguys@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cook, Jamie at (850) 419 1156
Name of Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



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)

FILED
17 DEC -5 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the limited liability company as it appears on the records of the Florida Department

of State is: South Walton Beach Chair Guys

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

L17000020525

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11-27-17

4. I, William Kenton Miller, hereby withdraw/resign as a
(Print Name of Person Resigning)

Manager
(Print Title)

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

W. Kenton Miller

Signature of Dissociating Member or Resigning Manager

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