L17000028910

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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D. SCOTT FEB 2 8 2017

COVER LETTER

	tration Section on of Corporations			
SUBJECT:	MITCH & SON LLC			
(Name of Limited Liability Company)				
The enclosed	member, resignation or dissoc	ciation and fee(s) are submitted for filing.	
Please return	all correspondence concerning	g this matter to:		
MITCHELL	LAW			
	(Contact Person)		-	
MITCH & SO	ON LLC			
	(Firm/Company)		-	
571 COMM	ONWEALTH BLVD			
	(Address)		-	
PORT ORA	NGE, FL 32127			
	(City/State and Zip Code)		-	
For further in	formation concerning this mat	ter, please call:		
MITCHELL	LAW	386	868-7668	SEC
(Na	ame of Contact Person)	(Area Code	& Daytime Telephone Number	丽 哥 卫
Enclosed plea \$25 Filing	ase find a check made payable		epartment of State for: Fee & Certified Copy	27 1
• \$25 rming	rec	a cco	ree & Certified Copy	
Registration S Division of C Clifton Buildi	orporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	: 27
Tallahassee, F			i ananassee, Morida 32314	

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)

" in a 188 9 44 " "

The name of the limited liability company as it ap of State is: MITCH & SON LLC	pears on the records of the Florida Department.
2. The Florida document/registration number assign L1700028910	ed to this limited liability company is:
3. The date this member/manager withdrew/resigned 4. I, ERICK ECKBERG (Print Name of Person Resigning) MEMBER	d or will withdraw/resign is: 02/20/2017 _, hereby withdraw/resign as a
of this limited liability company and affirm the limited liability company and	7 SE 3
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	PRI 1: 2