## 1170000 51574

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## COVER LETTER.

TO: Registration Section Division of Corporations	
SUBJECT: UT Brown Enterp	
(Name of Limited Liability	Company)
The enclosed member, resignation or dissociation and fe	e(s) are submitted for filing.
Please return all correspondence concerning this matter	to:
Cyrus Brown (Contact Person)	
(Contact Person)	<u> </u>
(Firm/Company)	
618 Wellwood Ln ( (Address)	
(Address)	
Palm Coust, FC 32164	
(City/State and Zip Code)	
For further information concerning this matter, please ca	11:
Cyns Brown at 386	5,222-9066
	ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Florid  \$25 Filing Fee  \$55 Fil	a Department of State for: ing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
Cititon Dunding	1 .O. DOX 0341

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301



## 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			e Florida Depa	rtment
L1700	ment/registration number	<u> </u>	·	<i>₽</i> 112	<u>;                                    </u>
4. I, April Ha	me of Person Resigning)  M/.e	, hereby	withdraw/resign a	as a	
`	Print Title)  ility company and affirm	 n the limited liab	pility company has	been notified	of my
April Hal	sociating Member or Re	esigning Manage	<del></del>	9 PM 3: 1	/1 39
Ū	\$25.00 (Required) \$30.00 (Optional)			NA	