

L17000064977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

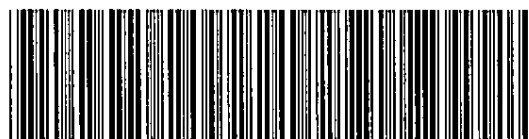
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500302706775

08/21/17--01026--007 **25.00

FILED

2017 AUG 21 A 10:58

TALLAHASSEE, FLORIDA

n PRUCE
AUG 22 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CK PAINTING FL 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:

Douglas P Knowles Jr
(Contact Person)

CK PAINTING FL LLC
(Firm/Company)

6731 Albemarle Pkwy Newport Richey, FL 34
(Address)

New port Richey, FL 34653
(City/State and Zip Code)

For further information concerning this matter, please call:

Douglas P Knowles Jr at (443) 465-9751
(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

2017 JUN 21 A 10:09
TALLAHASSEE, FL 32314

FILED



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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: CK PAINTING FL LLC

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

L27000064977

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/15/2017

4. I, Alexander T Cleveland, hereby withdraw/resign as a
(Print Name of Person Resigning)

Title - AP
(Print Title)

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

Signature of Dissociating Member or Resigning Manager

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

FILED
2017 AUG 21 A 10:59
TALLAHASSEE, FLORIDA