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SECRETARY OF STATE CORPORATIONS

K. SALY JAN - 9 2018

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Ja T Williame of Limit	ed Liability Company)
The enclosed member, resignation or dissocia	tion and fee(s) are submitted for filing.
Please return all correspondence concerning the	nis matter to:
Tayon Williams (Contact Person)	<del></del>
(Firm/Company)	<del></del>
405 NW Rabbit LOO	ρ
Greenville FL 3233 (City/State and Zip Code)	)
For further information concerning this matter	, please call:
Taryon Williams (Name of Contact Person)	at (380) 855 - 1790 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$\$25 Filing Fee	the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

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)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	T Williams, uc
2. The Florida docu	ment/registration number assigned to this limited liability company is:
<u> L1700</u>	0104091
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: Ol Ol 2018
4. I. Taryor (Print No.	hereby withdraw/resign as a me of Person Resigning), hereby withdraw/resign as a
AP	(Print Title)
of this limited liab resignation in wri	pility company and affirm the limited liability company has been notified of my ting.
2, 6	with.
Signature of Di	ssociating Member or Resigning Manager
_	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)