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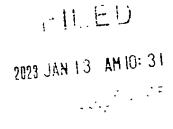
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COVER LETTER

TO: Registration Section Division of Corporations POOL PROFESSOR OF TALLAHASSEE, INC. SUBJECT: (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: WILLIAM B WELLS (Contact Person) POOL PROFESSOR OF TALLAHASSEE, INC. (Firm/Company) 611 TRUETT DR. (Address) TALLAHASSEE, FLORIDA 32303 (City/State and Zip Code) For further information concerning this matter, please call: WILLIAM B WELLS 850 (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 Mailing Address: Street Address: Registration Section **Registration Section** Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303





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 as it	appears on the records of the Florida Department
2. The Florida docu	ument/registration number assi	gned to this limited liability company is:
3. The date this me	mber/manager withdrew/resign	ned or will withdraw/resign is: 1/13/2023
4. I, SEHRA YASEMIN IPEK WELLS (Print Name of Person Resigning)		
AMBR	ame of t erson resigning	
	(Print Title)	
of this limited lial resignation in wr	• •	limited liability company has been notified of my
Schra	Wells	
Signature of Di	ssociating Member or Resignin	ng Manager
	\$25.00 (Required) \$30.00 (Optional)	