# 117000137338

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#### **COVER LETTER**

SUBJECT: Garland Insurance and Financial Services (Name of Limited Liability Company)  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:
Mark Garland (Contact Person)
Garland Insurance and Francial Services LLC (Firm/Company)
11811 N. Tatum Blvd# 3031 (Address)
Phoenix AZ 85008 (City/State and Zip Code)
For further information concerning this matter, please call:
Mark Garland a1 (602) 953-6915

Englosed please find a check made payable to the Florida Department of State for:

#### STREET/COURIER ADDRESS:

(Name of Contact Person)

Registration Section

**Division of Corporations** 

TO:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee. Florida 32301 MAILING ADDRESS:

(Area Code & Daytime Telephone Number)

□ \$55 Filing Fee & Certified Copy

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

¥ \$25 Filing Fee



### 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: Garland Insurance & Francial Services, LLC
2. The Florida document/registration number assigned to this limited liability company is:
L17000137338
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/1/28
4.1. Petty J. Weier hereby withdraw/resign as a (Print Name of Person Resigning)
(Print Gille)
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:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)