

L17000 145 438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

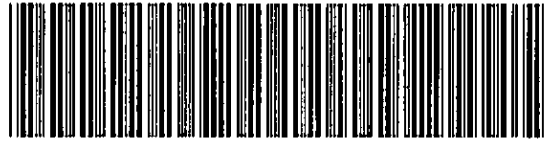
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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11/25/19--01031--023 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 NOV 25 AM 9:05

NOV 04 2019  
COLUMBIA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BYRON CAPITAL LLC  
(Name of Limited Liability Company)

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19 NOV 25 AM 9:35

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

LINDA HUTCHINS  
(Contact Person)

BYRON CAPITAL LLC  
(Firm/Company)

PO BOX 5141  
(Address)

JACKSONVILLE FL 32247  
(City/State and Zip Code)

For further information concerning this matter, please call:

LINDA HUTCHINS at (904) 993-4702  
(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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

RECEIVED  
DIVISION OF CORPORATIONS  
19 NOV 25 AM 9:05

**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: BYRON CAPITAL LLC

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

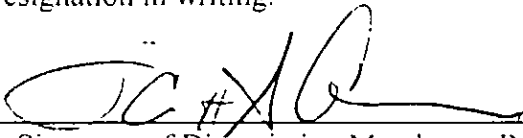
L17000145438

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11-18-19

4. I. SCOTT CARNES, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MEMBER  
(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)