L17000195052

| (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: | | |
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Office Use Only



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COVER LETTER

Registration Section

TO:

Division of Corporations Compass Point Massage and Bodywork, LLC 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: Eric McDermott (Contact Person) Compass Point Massage and Bodywork (Firm/Company) 4041 NW 37 NW PL. Suite A (Address) Gainesville, FL 32653 (City/State and Zip Code) For further information concerning this matter, please call: 561 at (____ Eric McDermott (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: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

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)

| | e limited liability company as it appears on the mpass Point Massage and Bodywork | records of the Florida Department |
|-----------------------------------|---|-----------------------------------|
| 2. The Florida doc L1700019505 | cument/registration number assigned to this lines | nited liability company is: |
| 3. The date this me | ember/manager withdrew/resigned or will wit | 12-7-2018 hdraw/resign is: |
| Richard Gree | | |
| CFO, MGR | | |
| | (Print Title) | |
| resignation in wr | rol Tireen | company has been notified of my |
| ' Signature of D | sissociating Member or Resigning Manager | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | |