

L17000208814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

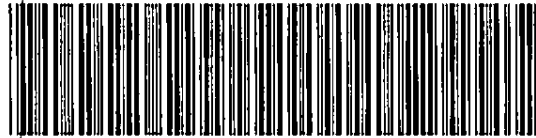
(Business Entity Name)

(Document Number)

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

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01/25/18--01003--018 \*\*25.00

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SECRETARY OF STATE  
DIVISION OF CORPORATION  
18 JAN 25 PM 1:07

K. SALY  
JAN 26 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RYANLAYZER 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:

RYAN LAY

(Contact Person)

RYANLAYZER LLC

(Firm/Company)

916 SE 13TH TERRACE

(Address)

CAPE CORAL, FL 33990

(City/State and Zip Code)

For further information concerning this matter, please call:

RYAN LAY


239

691-6500

at ( )

(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



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 JAN 25 PM 1:07

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)

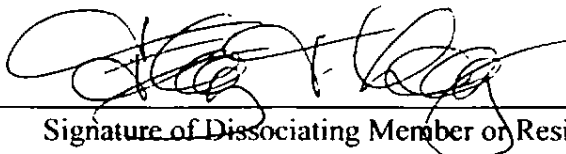
1. The name of the limited liability company as it appears on the records of the Florida Department  
of State is: RYANLAYZER LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L17000208814

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1/11/2018  
TIM LAY

4. I, \_\_\_\_\_, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
VICE-OPERATING MANAGER  
(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)