

L17000225903

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DEC 12 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pinellas Probate 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:

Beekman Beavers
(Contact Person)

Pinellas Probate, LLC
(Firm/Company)

2840 West Bay Drive PMB 385
(Address)

Belleair Bluffs, FL 33770
(City/State and Zip Code)

For further information concerning this matter, please call:

Beekman Beavers at (434) 409 6510
(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



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

L17000225903
3. The date this member/manager withdrew/resigned or will withdraw/resign is: December 8, 2017
4. I, William Leonard Wason, hereby withdraw/resign as a Member and Manager
(Print Name of Person Resigning) *(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)