

L18000001975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

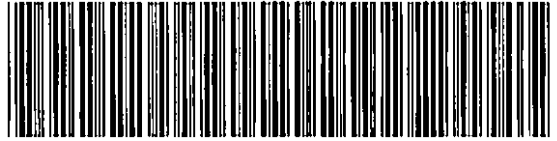
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700317445047

08/24/18--01011--001 \*\*25.00

FILED  
18 AUG 24 AM 1:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
AUG 29 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Ryan Gallik & Associates, 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 S. Gallik

\_\_\_\_\_  
(Contact Person)

Ryan Gallik & Associates, LLC

\_\_\_\_\_  
(Firm/Company)

424 E. Central Blvd., Suite 325

\_\_\_\_\_  
(Address)

Orlando, FL 32801

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert C. Andrews, Jr.

361

548-8787

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  
18 AUG 24 AM 1:18  
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: Ryan Gallik & Associates, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L18000001975

3. The date this member/manager withdrew/resigned or will withdraw/resign is: Aug 20, 2018  
Robert C. Andrews, Jr.

4. I, Robert C. Andrews, Jr., hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Member & 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)