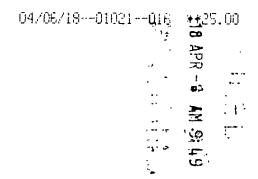
118000050954

(Re	equestor's Name)			
(Ad	dress)			
(Ad	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
<u> </u>				

Office Use Only



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COVER LETTER

TO: Registration Section		
Division of Corporations		
21		
SUBJECT: Frames + Photo LLC		
(Name of Limi	ited Liability Con	ipany)
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return all correspondence concerning to	this matter to:	
Lisa Hamilton		
(Contact Person)		-
Frames + Photo LLC		
(Firm/Company)		-
2742 N.E. Casital Circle Suite 404		
2743 N.E. Capital Circle Suite 101		
(Address)		-
Tallahassee, FL 32308		
(City/State and Zip Code)		-
For further information concerning this matte	er, please call:	
Lisa Hamilton	850	383-0303
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to ■ \$25 Filing Fee		epartment of State for: Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassan, Florida 32314
2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314

CR2E079 (2/14)



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)

of State is:	ames + Photo LLC	<u></u>	<u> </u>		_•
2. The Florida d	ocument/registration number a	ssigned to this limited liability	y company;	is:	
L180000509	954			700 A	
3. The date this	member/manager withdrew/res	signed or will withdraw/resign		9,2018	- -
William M.	Gallant	, hereby withdraw/resign	n as a	*	
(Prin	nt Name of Person Resigning)	,	÷ ,	7 . .	
Manager			3 6	ي	
	(Print Title)				
of this limited resignation in	liability company and affirm th	ne limited liability company ha	is been not	ified of m	у
Willia	M Mallat				
Signature of	Dissociating Member or Resig	gning Manager			
Filing Fee:	\$25.00 (Required)	,			
Certified Copy	\$30.00 (Ontional)				