

L18000079310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

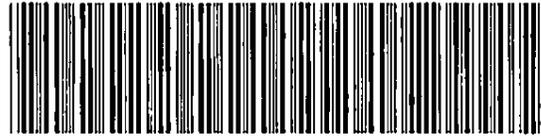
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
File 1st

Office Use Only



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05/28/19--01004--005 **50.00

RECEIVED
19 MAY 28 AM 10:45
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
2019 MAY 28 AM 9:21
T GLASS
MAY 29 2019
APPROVED
AND
FILED

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 05/28/2019

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RESIGNATION OF MEMBER

APPROVED
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2019 MAY 28 AM 9:21
TALLAHASSEE, FLORIDA
STATE SECRETARY OF REVENUE

1. ALBACORE, LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

*File
1st*

SPECIAL INSTRUCTIONS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALBACORE, 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:

Franklin C. Lewis
(Contact Person)

(Firm/Company)

9577 Gulfshore Dr., Unit 501
(Address)

Naples, FL 34108
(City/State and Zip Code)

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2019 MAY 28 AM 9:21
TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF REVENUE

For further information concerning this matter, please call:

Jonas B. Weatherbie, Esq. at 239 436-1500
(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



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: ALBACORE, LLC
2. The Florida document/registration number assigned to this limited liability company is: L18000079310
3. The date this member/manager withdrew/resigned or will withdraw/resign is: May 20, 2019
4. I, George A. Wilson, hereby withdraw/resign as a
(Print Name of Person Resigning)
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)

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