## L18 0000 86042

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(ON) CONTROL (ON)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
•				
Certified Copies Certificates of Status				
Octuinates of Otatus				
<u> </u>				
Special Instructions to Filing Officer:				

Office Use Only

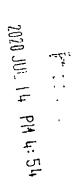


700348552327

07/22/20 -01037--021 \*\*25.00

RECEIVED
JUL 1 4 2020

S TALLENT



D. S. Resign

## COVER LETTER

10: Rej Div	gistration Section rision of Corporations			*
			ř	
SUBJECT:				• •
	Name of	Limited Liability	Сотрапу	
Dear Sir or M	Madam:			
The enclosed	f Statement of Authority and fee(s) a	re submitted for fi	ling.	
Please return	all correspondence concerning this	matter to the follow	wing:	
Michael J M	cDermott			
	Name of Person	<del>-</del>	<del></del>	
Yes Coffee L	LC			
	Firm/Company	<del>-</del>		
5 Conley CT				
	Address		<del></del>	
Palm Coast F.	L 32137			
	City/State and Zip Code			
mikemed9@g	mail.com			
E-ma	ail address: (to be used for future ann	nual report notifical	tion)	
	ormation concerning this matter, ple		•	
Michael J McI	Dermott	386	237-0240	
Name of Person		at ( Area Cod	e Daytime Telepho	one Number

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E138 (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)

1. The name of the	limited liability compar	y as it appears on the records of the Florida Department
of State is: Yes C	Toffer LLC	
2. The Florida doc: L1800086042	ument/registration numb	er assigned to this limited liability company is:
3. The date this me	mber/manager withdrew	/resigned or will withdraw/resign is: <u>02/61/2</u> 02 @
(Print N	lame of Person Resigning)	hereby withdraw/resign as a
MGRM		
	(Print Title)	<del>_</del> '
of this limited lia resignation in wr	bility company and affiniting.	m the limited liability company has been notified of my
Signature of D	issociating Member or R	esigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	

Filing Fee: Certified Copy: