

L18000086555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

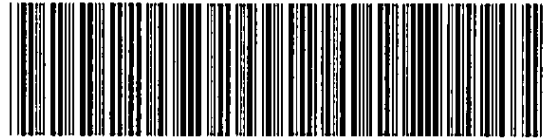
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/21/18--01021 -018 4425.00

FILED

18 MAY 21 PM 3:39

SECRETARY OF STATE

K. SALY
MAY 22 2018



Ganon J. Studenberg, J.D., LL.M., AEP®
Anne J. McPhee, J.D., LL.M.
Master of Laws in Estate Planning. Accredited Estate Planner®, AV Rated®

May 18, 2018

Via U.S. Mail

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

Re: Dr. Rachel E. Russell, LLC

Dear Sir/Madam:

Enclosed please find the Resignation of Manager for the above referenced limited liability company and our check in the amount of \$25.00 to cover your filing fee.

Please return all correspondence concerning this matter to the address listed below.

Thank you for your assistance in this matter. Should you have any questions, please contact me directly.

Very truly yours,

GANON J. STUDENBERG

GJS/bdw
Encls: as stated
cc: Dr. Rachel E. Russell via E-mail

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dr. Rachel E. Russell, 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:

Ganon J. Studenberg, Esq.

(Contact Person)

Studenberg Law

(Firm/Company)

1119 Palmetto Avenue

(Address)

Melbourne, Florida 32901

(City/State and Zip Code)

For further information concerning this matter, please call:

Ganon J. Studenberg, Esq.

(Name of Contact Person)

at (321) 722-2420

(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

FILED
18 MAY 21 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

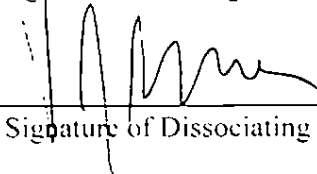
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: DR. Rachel E. Russell, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L18000086555

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 05/04/2018

4. I, Virgil Russell, 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)