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JI-19-19

## **COVER LETTER**

Division of Corporations						
SUBJECT: Golden Rule Renardions LC (Name of Limited Liability Company)	<u>_</u>					
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to:						
James K Smith (Contact Person)						
Golden Rule Renarations LCC						
517 Charles Rushing 17d						
Ponce De Lean Fl 32455 (City/State and Zip Code)						
For further information concerning this matter, please call:						
James IC Smith at (850) 699 0902 (Name of Contact Person) (Area Code & Daytime Telephone Number	<u></u>					
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy						
STREET/COURIER ADDRESS: MAILING ADDRESS:						
Registration Section Registration Section						
Division of Corporations  Division of Corporations  Division of Corporations						
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314						
2001 Executive Center Circle Tananassee, Florida 32314						

CR2E079 (2/14)

Tallahassee, Florida 32301

TO: Registration Section



## 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)

		Renovations	-
2. The Florida doci	ument/registration numbe	r assigned to this limited liabi	lity company is:
L18	0000882	1_8	
3. The date this me	mber/manager withdrew/	resigned or will withdraw/res	ign is: 2-28-19
1	<b>^</b> .		· S······· <u> </u>
4. I. <u>Lonni e</u> (Print N	ame of Person Resigning)	, hereby withdraw/res	sign as a
Alathori	Zed Member (Print Title)		
of this limited lia resignation in wr		n the limited liability company	has been notified of my
Xu 1/			·
Signature of Di	ssociating Member or Re	signing Manager	2919 APR -4 SELEE TAEL
Filing Fee:	\$25.00 (Required)		\$ 1
Certified Copy:	\$30.00 (Cequired)		
септев сору.	\$50.00 (Optional)		PH 3: 3