L18000167715

(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:		

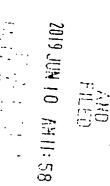
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06/10/19--61/16--01/ **25.00



T GLASS JUN 28 2019

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Reese Laser and CNC, (Name of Limited Liability Co	LLC ompany)
The enclosed member, resignation or dissociation and feet	s) are submitted for filing.
Please return all correspondence concerning this matter to	:
Randy R. Reese (Contact Person)	
Reese Laser and CNC, LLC (Firm/Company)	_ .: _.
4850 Bradfordville Road	
Talluhussee, FL 32309 (City/State and Zip Code)	 \$: \$:
For further information concerning this matter, please call	:
Randy R. Reese at (850 (Name of Contact Person) (Area Cod) <u>566-6680</u> e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida \$25 Filing Fee \$55 Filing	Department of State for: g Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



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 ap	pears on the records of the I	lorida Department
of State is:	iese Laser and CN	1C, LCC	919
2. The Florida doci	ment/registration number assign	ed to this limited liability co	mpany.is:
_L1800	0167715	,	AH II
3. The date this me	mber/manager withdrew/resigned	or will withdraw/resign is:	01-082019
4.1. Brenda (Print N	B. Roese ume of Person Resigning)	, hereby withdraw/resign as	a
Ma	109er		
of this limited lia resignation in wr	oility company and affirm the limiting.	ited liability company has b	een notified of my
Breno	la B. Reese		
Signature of Di	sociating Member or Resigning	Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		