

L18000177896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

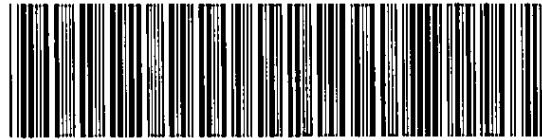
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only



600340940496

02/20/20--01014--002 \*\*30.00

S TALLENT  
MAR 13 2020

2020 FEB 20 AM 8:01

FILED

Dis/Res  
M/M

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LILY GLENN, LLC

Name of Limited Liability Company

Dissociation

The enclosed ~~Articles of Amendment~~ and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RENAE COLLINS

Name of Person

c/o LAKE CITY FLORIST & DESIGN

Firm/Company

216 SW Main Blvd.

Address

Lake City, FL 32025

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RENAE COLLINS

386 365-4645  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

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



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: LILY GLENN LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L18000177896

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/20/2020.

4. I, FOREVER #54 LLC, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

AR

*(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

*KELLY L. CHAIRES-DYALS as  
AMBR OF FOREVER #54 LLC*

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)

2020 FEB 20 AM 8:01