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(Re	questor's Name)	
,	,	
(Add	dress)	<u> </u>
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
		<u>_,                                     </u>
(Do	cument Number)	
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#### **COVER LETTER**

Division of Corporations			·
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SUBJECT: PULL 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:

Timothy R Arbagy

(City/State and Zip Code)

Arbagy

(Arbagy

(Arbagy

(Arbagy

(Firm Company)

2018 NOV 26 AM 9: 2 SECRETARY OF STATE TALL ANASSET, FLORIG

For further information concerning this matter, please call:

Timpthy R Arbagy at 941 704 5782

(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: \$25 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

CR2E079 (2/14)

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)

1. The name of the 1		• •	• •			Departmer	nt
2. The Florida docur		n number assign					
Amg	Me of Person Resi R Print Title)	gning)	_, hereby w	ithdraw/resig	masa TAC ATA	ZOLO NOV	-
of this limited liab resignation in writ	Arba	A.		ty company ł	nas been not FL FLORIDA	26 AH 9: 28	
Filing Fee: Certified Copy:	\$25.00 (Requ \$30.00 (Opti						