()



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000008688 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : DAVIS, SCHNITKER, REEVES & BROWNING, P.A.

Account Number : I19980000057 Phone : (850)973-4186 Fax Number : (850)973-8564

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:______

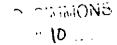
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN T & K PROPERTIES OF LIVE OAK, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help



COVER LETTER (((H19000008688 3)))

TO: Registration Section Division of Corporations				
Division of Corporations				
SUBJECT: T & K PROPERTIES OF LIVE OA	K, LLC			
(Name of Limited Liability Company)				
The enclosed member, resignation or dissociation a	and fee(s) are submitted for filing.			
Please return all correspondence concerning this m	atter to:			
KEITH ALAN GORDON				
(Contact Person)				
T & K PROPERTIES OF LIVE OAK, LLC				
(Firm/Company)				
721 SOUTH RANGE STREET				
(Address)	.			
MADISON, FLORIDA 32340	*			
(City/State and Zip Code)				
For further information concerning this matter, ple	ase call:			
KEITH ALAN GORDON	,			
(Name of Contact Person) (A	rea Code & Daytime Telephone Number)			
Enclosed please find a check made payable to the I \$25 Filing Fee \$25 Silvers	Florida Department of State for: 55 Filing Fee & Certified Copy			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section Division of Corporations			
Division of Corporations Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
CR2E079 (2/14)	(((H19000008688 3)))			

(((H19000008688 3)))

19



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)

			٠
			1
1. The name of the	: limited liability company as i	it appears on the records of the Florida	a Department
	K PROPERTIES OF LIVE		
2. The Florida doc L1800022160		signed to this limited liability compan	y is: ်
3. The date this me	ember/manager withdrew/resig	gned or will withdraw/resign is:	<u> 12019</u>
4. I, KEITH ALAN	N GORDON	, hereby withdraw/resign as a	
	Name of Person Resigning)		
MEMBER			
	(Print Title)		
resignation in w	·	e limited liability company has been no	otified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	(((HT 9000008688-3)))
			,



January 9, 2019

FLORIDA DEPARTMENT OF STATE

T & K PROPERTIES OF LIVE OAK, LLC Division of Comporations PO BOX 507
MADISON, FL 32341

SUBJECT: T & K PROPERTIES OF LIVE OAK, LLC

REF: L18000221601

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Each resignation needs its own fax audit sheet.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Agnes Lunt Regulatory Specialist III

 (\cdot,\cdot)

FAX Aud. #: H19000008688 Letter Number: 219A00000595



January 9, 2019

FLORIDA DEPARTMENT OF STATE

T & K PROPERTIES OF LIVE OAK, LLC

PO BOX 507

PO BOX 507 MADISON, FL 32341

SUBJECT: I & K PROPERTIES OF LIVE OAK, LLC

REF: L18000221601

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Each resignation needs its own fax audit sheet.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Agnes Lunt Regulatory Specialist III

()

FAX Aud. #: E19000008688 Letter Number: 219A00000595