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COVER LETTER

TO: Registration Section Division of Corporations Ron A Fox Consulting LLC SUBJECT: (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: Ron AFox (Contact Person) (Firm/Company) 1609 N D St (Address) Lake Worth Beach, FL 33460 (City/State and Zip Code) For further information concerning this matter, please call: Ron A Fox (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: **\$25** Filing Fee ☐ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

P.O. Box 6327

Tallahassee, FL 32314



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)

of State is:	Ron A Fox Cor	nsulting LLC	
2. The Florida doc	ument/registration number as L18000230244	ssigned to this limited liabil	ity company is:
4. I.	ember/manager withdrew/res ichael C Flack-Fox 'ume of Person Resigning)	igned or will withdraw/resi	<u> </u>
	MGMR (Print Title)		
of this limited lia resignation in wr	bility company and affirm thiting.	ne limited liability company	has been notified of my
Signature of D	issociating Member or Resig	ning Manager	2020 JUL 27 SECRETARY
Q	\$25.00 (Required) \$30.00 (Optional)		L27 PM 3: TARY OF STP AHASSEE, F