

LL9000 242 815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

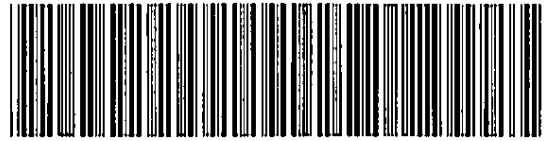
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300331626003

07/08/19--01012--016 \*\*25.00

19 JUL -8 PM12:09

dis. of member

JUL 23 2019

D CUSHING

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Startingover LLC

(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:

Jean S. Bias

(Contact Person)

Evolve CPA Services P.A.

(Firm/Company)

1643 Williamsburg Square

(Address)

Lakeland, FL 33803

(City/State and Zip Code)

For further information concerning this matter, please call:

Jean S. Bias

(Name of Contact Person)

at (863) 414-6212  
(Area Code & Daytime Telephone Number)

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

☒ \$25 Filing Fee

☐ \$55 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

2009 JUL -9 PM 12:09  
STATE OF FLORIDA



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: Startingover LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L18000242815

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7/1/19

4. I, Jean S. Bias, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Authorized Representative

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Jean S. Bias

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

9 JUL - 8 PM 12:09