

# LEADS2GO

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

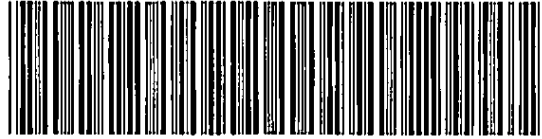
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT  
JAN 11 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: X-FACTOR COACHING & CONSULTING, 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:

Robert J. Perry, Jr., Esquire

(Contact Person)

Law Offices of Robert J. Perry, Jr., PLLC

(Firm/Company)

12627 San Jose Blvd., Suite 103

(Address)

Jacksonville, FL 32223

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Perry

(Name of Contact Person)

at ( 904 ) 240-4815  
(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

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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: X-FACTOR COACHING & CONSULTING, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L18000252850

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/21/2018

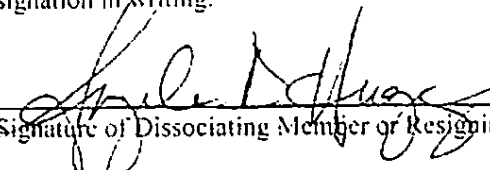
4. I, ANGELA D. HUGGINS, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MANAGER

*(Print Title)*

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

x

  
Signature of Dissociating Member or Resigning Manager

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

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