

L18000 267 104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

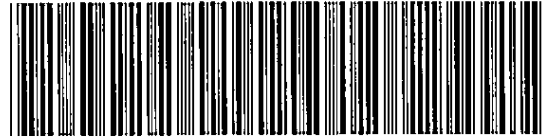
(Business Entity Name)

(Document Number)

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

OCT 02 2019  
T. SCHNEIDER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 850 REBUILD STRONG, 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: **WALTER TODD  
MCDANIEL**

(Contact Person) **WALTER TODD MCDANIEL**

(Firm/Company) **850 REBUILD STRONG, LLC**

(Address) **205 SOUTH ARNOLD RD.**

**PANAMA CITY BEACH, FLORIDA.32408**

(City/State and Zip Code) For further

information concerning this matter, please call:

**WALTER TODD MCDANIEL** **850 699-3737**  
\_\_\_\_ at(\_\_\_\_) \_\_\_\_\_  
(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 x \$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

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 **850**

**REBUILD STRONG .LLC**

of State is:

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

L18000267104

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/3/2019

**WALTER TODD MCDANIEL**

4. i. \_\_\_\_\_, hereby withdraw/resign as a

*(Print Name of Person Resigning)*

**WALTER TODD MCDANIEL**

*(Print Title)* **AUTHORIZED MEMBER**

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



Signature of Dissociating Member or Resigning Manager

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

FILED  
19 OCT -7 PM 2:29  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS