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(Re	questor's Name)			
bA)	dress)			
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(Document Number)				
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04/04/13--01003--022 ++25.00



JY-12-19

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: DY: 12 P. P. RomoTions. 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:
Edna June or nathaniel June
(Firm/Company)
1414 Bent Oaks BWI (Address)
Deland FC 32724 (City/State and Zip Code)
For further information concerning this matter, please call:
Edna June at (386) 848-868 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\sim \\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$
STREET/COURIER ADDRESS: MAILING ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Registration Section

CR2E079 (2/14)



## 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 li	mited liability company a	as it appears on the records of	the Florida Departme	ent
of State is:	in Kup Prox	notions LLC_	·	<b>-</b> ·
2. The Florida docum	nent/registration number	assigned to this limited liabili	ity company is:	
L19000	00 22 200	·		
3. The date this mem	ber/manager withdrew/re	esigned or will withdraw/resig	m is: 3/3/20	L9
4. I. LINNSTIN	a June ne of Person Resigning)	, hereby withdraw/resi	gn as a	
Manac	nı Title)			
of this limited liabil resignation in writi		the limited liability company	has been notified of r	ny
Signature of Diss	ociating Member or Resi	gning Manager	2018 APR -	<u>T</u>
~	\$25.00 (Required)			ED
Certified Copy:	\$30.00 (Optional)		第	