# 1190000022372

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
| ,                                       |
| (City (Chats (Tity (Dhana 4)            |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
|   |
| Special Instructions to Filing Officer: |
| .,                                      |
| 16 40.                                  |
| NON TORNE                               |
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11/01/21--01037--002 \*\*25.00

SECRETARY OF STATE

#### COVER LETTER

| TO:    | ~         | stration Section<br>sion of Corporations |                      |  |
|--------|-----------|--|----------------------|--|
|        | DIVIS     | sion of Corporations                     |                      |  |
| SUBJ   | IECT:     | Whitson & Allen, LLC                     |                      |  |
|        |           | (Name of                                 | Limited Liability Co | ompany)  |
| The e  | nclosed   | I member, resignation or dis             | sociation and fee    | (s) are submitted for filing.                              |
| Please | e return  | all correspondence concerr               | ting this matter to  | ):   |
| Randa  | ll Whits  | on                                       |                      |  |
|        |           | (Contact Person)                         |                      | _  |
| Whits  | on & All  | len, LLC                                 |                      |  |
|        | _         | (Firm/Company)                           |                      | _  |
| 356 C  | apri Blvo | d, #1                                    |                      |  |
|        |           | (Address)                                |                      | <del>_</del>   |
| Naple: | s, FL 34  | 113                                      |                      |  |
|        |           | (City/State and Zip Code)                |                      | _  |
| For fu | arther is | nformation concerning this r             | natter, please call  | 1:   |
| Randa  | dl Whits  | on                                       | 239<br>at (          | 269-3117   |
|        | (N        | lame of Contact Person)                  |                      | de & Daytime Telephone Number)                             |
| Enclo  | sed plo   | ease find a check made paya              | ble to the Florida   | Department of State for:                                   |
|        | 5 Filin   |  |                      | ng Fee & Certified Copy                                    |
|        | Mailir    | ng Address:                              |                      | Street Address:  |
|        | Regi:     | stration Section                         |                      | Registration Section                                       |
|        |           | sion of Corporations                     |                      | Division of Corporations The Centre of Tallahassee         |
|        |           | Box 6327<br>hassee, FL 32314             |                      | The Centre of Tananassee  2415 N. Monroe Street, Suite 810 |
|        | тана      | 111455CU, I'L 32314                      |                      | Tallahassee, FL 32303                                      |



### FILED

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SECRETARY OF STATE TALLAHASSEE, PLORES

### 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)

|  | limited liability company as it appears on the records of the Florida Department son & Allen, LLC |
|--|---|
| 2. The Florida doc<br>1.19000022372      | ument/registration number assigned to this limited liability company is:                          |
| 3. The date this mo                      | ember/manager withdrew/resigned or will withdraw/resign is:                                       |
| 4. I, Scott H. Allen                     | , hereby withdraw/resign as a lane of Person Resigning)   |
| MGR                                      |   |
|  | (Print Title)   |
| of this limited lia<br>resignation in wr | bility company and affirm the limited liability company has been notified of my iting.            |
| Signature of D                           | ssociating Member or Resigning Manager  |
| Filing Fee:<br>Certified Copy:           | \$25.00 (Required)<br>\$30.00 (Optional)  |
| certified copy.                          |   |