

# L190000035644

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

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

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

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

☐ PICK-UP    ☐ WAIT    ☐ MAIL

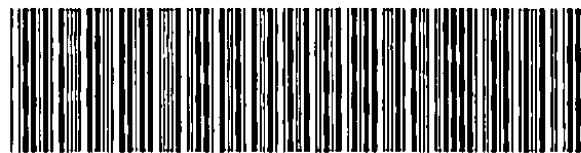
\_\_\_\_\_  
(Business Entity Name)

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

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

Special Instructions to Filing Officer:

Office Use Only



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*Businessmatic*

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 7451 STATE HWY 20, 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:

David Forstrom

(Contact Person)

(Firm/Company)

8213 Park Avenue

(Address)

Sherwood, Arkansas 72120

(City/State and Zip Code)

For further information concerning this matter, please call:

David Forstrom

(Name of Contact Person)

at ( 501 ) 351-8936

(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



FILED  
2019 MAR -7 AM 10:3  
SEC  
TALLAHASSEE

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: 7451 STATE HWY 20, LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L19000035644
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 02/13/19
4. I, David M Forstrom, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
MGRM  
*(Print Title)*

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)