

L19 0000 53292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

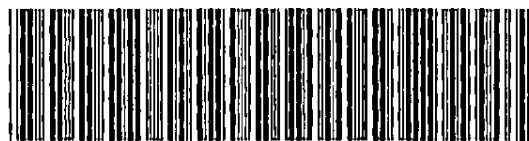
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/26/20--01027--002 **55.00

20 MAY 26 PM 3:55

JUN 15 2020
C. MONAR

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: W. A. Garner Consulting, LLC
(Name of Limited Liability Company)

20 MAY 26 PM 3:55

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

William Garner
(Contact Person)

W. A. Garner Consulting, LLC
(Firm/Company)

7322 W. Highway 98
(Address)

Port St. Joe, FL 32456
(City/State and Zip Code)

For further information concerning this matter, please call:

Lindsay Tour at (321) 216-1437
(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

☒ \$55 Filing Fee & Certified Copy

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

20 MAY 26 PM 3:55

**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: W. A. Garner Consulting, LLC

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

L196000053292

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4/1/20

4. I, Gary Pate, hereby withdraw/resign as a
(Print Name of Person Resigning)

AP
(Print Title)

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

[Signature]
Signature of Dissociating Member or Resigning Manager

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