

# LI9000087314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

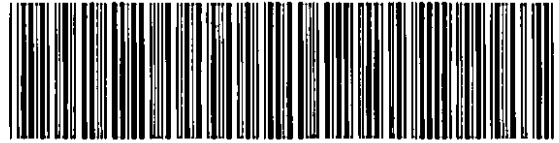
(Business Entity Name)

(Document Number)

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

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07/15 10:14 AM 2019

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
JUN 15 10:14 PM 2019

*Resignation  
of Amber*

JUN 03 2019

D. CUSHING

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Clayworks of Gulfport, 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:

Dennis Howard

(Contact Person)

Clayworks of Gulfport, LLC

(Firm/Company)

5021 Tangerine Avenue S

(Address)

Gulfport, FL 33707

(City/State and Zip Code)

For further information concerning this matter, please call:

Dennis Howard

(Name of Contact Person)

at 508 566-3854

(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

CR2E079 (2/14)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 MAY 15 PM 4:54



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: Clayworks of Gulfport, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L19000087314

3. The date this member/manager withdrew/resigned or will withdraw/resign is: May 1, 2019

4. I, Nancy Mayer, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

AMBR

*(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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 MAY 15 PM 4:57