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AUG 1 0 2019 D CUSHING

## **COVER LETTER**

TO: Registration Section Division of Corporations			
Christine M Mitchell LLC SUBJECT:			
(Name of Limited Lia	ability Company)		
The enclosed member, resignation or dissociation a	and fee(s) are submitted for filing.		
Please return all correspondence concerning this m	latter to:		
Christine M Mitchell			
(Contact Person)			
Christine M Mitchell LLC			
(Firm/Company)	<del></del>		
12496 136th Lane			
(Address)	<del></del>		
Largo, FL 33774			
(City/State and Zip Code)			
For further information concerning this matter, ple	ase call:		
Christine Mitchell 7	27 420 5 9236		<u>⊕</u> ≦
	rea Code & Daytime Telephone Number)	9 AUG	808 808
Enclosed please find a check made payable to the I \$25 Filing Fee \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25	Florida Department of State for: 55 Filing Fee & Certified Copy	%-6 PM	ETARY OF
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	2: 30	STALE ORATIONS

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	limited liability company as it appears on the records of the Florida Departme	ent	
of State is:	da	_•	
	ument/registration number assigned to this limited liability company is:		
L1900001298	· · · · · · · · · · · · · · · · · · ·		
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:		
4. I, Ryan Mitche	, hereby withdraw/resign as a large of Person Resigning)	_	
(Print N	ame of Person Resigning)		
A Member			
	(Print Title)	<b></b>	17/10  S
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of mitting.	ny≧ -b	ECRETARY SION OF CO
Signature of Di	ssociating Member of Resigning Manager	PM 2: 30	OF STAIE
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		Śĸ