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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Simple Statement Tevelry Co. 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:
Taylor Fine (321)(015-6973 (Contact Person)
Simple Statement Terrelly Co. LLC (Firm/Company)
2014 Buscher Hill Street
Wellbourne, FL 3293.5 (City/State and Zip Code)
For further information concerning this matter, please call:
Abigail Williams at (321) 213 - 5467 (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  \$\sum \\$55 Filing Fee & Certified Copy
CTDEFT/COUDIED ADDDECC.

## 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)







## 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: <u>Si</u>	mple Statement Temelry Co. 41
2. The Florida docu	ment/registration number assigned to this limited liability company is:
<u>L190001</u>	49439
3. The date this men	mber/manager withdrew/resigned or will withdraw/resign is: Tuly 1st 2019
4. I. Abigail (Print No.	hereby withdraw/resign as a me of Person Resigning), hereby withdraw/resign as a
AMB	Print Title)
of this limited liab resignation in wri	oility company and affirm the limited liability company has been notified of my ting.
A-will	langer
Signature of Dis	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)