

L19000 1916 386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

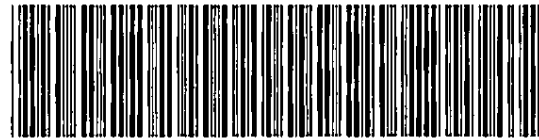
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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OCT 29 2019

2019 OCT -9 AM 11:55

10/15/19

Dis/Resignation

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mejean Safety / S&M Scuba 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:

Kenneth Mejean

(Contact Person)

Mejean Safety / S&M Scuba LLC.

(Firm/Company)

305 Watkins Way

(Address)

Brandon, FL 33510

(City/State and Zip Code)

For further information concerning this matter, please call:

Kenneth Mejean

813

567-9869

at ()

(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

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



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)

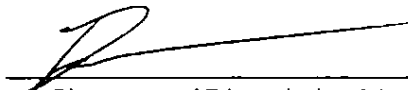
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Mejean Safety / S&M Scuba LLC

2. The Florida document/registration number assigned to this limited liability company is:
L19000196386

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/30/2019

4. I, Daniel Spears, hereby withdraw/resign as a
(Print Name of Person Resigning)
COO
(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)

2019 OCT -9 AM 11:55
STATE
CLERK