

L19000 245 065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

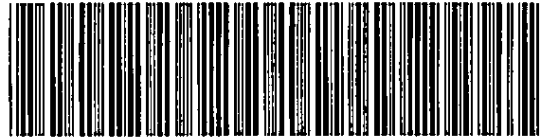
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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11/25/19--01033--005 \*\*25.00

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OFFICE OF THE CLERK OF THE  
COURT OF THE STATE OF  
MISSISSIPPI  
19 NOV 25 AM 11:00

JAN 06 2020  
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Comfort Living 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:

Jason Shaull *MGR/AMBR*

(Contact Person)

Comfort Living LLC

(Firm/Company)

1011 Hondo Ave, Apt B

(Address)

Fort Walton Beach, FL 32547

(City/State and Zip Code)

For further information concerning this matter, please call:

Jason Shaull

at ( 813 ) 394-6128

(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

FILED  
DIVISION OF CORPORATIONS  
19 NOV 25 AM 11:00



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

RECEIVED  
DIVISION OF CORPORATIONS  
19 NOV 25 AM 11:00

**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: Comfort Living LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L19000245065

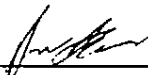
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/01/2019

4. I, Comfort Living LLC (Ohio address), 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)