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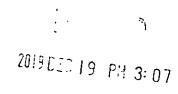
JAN 17 2020

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: David THO	iability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
Susan E Howell (Contact Person)	
(Firm/Company)	
192 Pescado Dr. (Address)	
St. Augustine FL 32 Wity/State and Zip Code)	2095
For further information concerning this matter, pl	lease call:
Susan Howell at (Name of Contact Person)	859 ) 661-5661 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303





## 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)

	limited liability company as it appears on the records of the Florida Department
of State is:	Pavid T Howell LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
	000299106
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: <u>Dec. 16,201</u> 9
4. I. <u>Suss</u> (Print N	ame of Person Resigning), hereby withdraw/resign as a
- ma	Pager (Print Dide)
of this limited lial resignation in wri	bility company and affirm the limited liability company has been notified of my iting.
	won E Howell
Signature of Di	ssociating Member or Resigning Manager
	\$25.00 (Required)
Cerunea Copy:	\$30.00 (Optional)