

L20 000 095562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

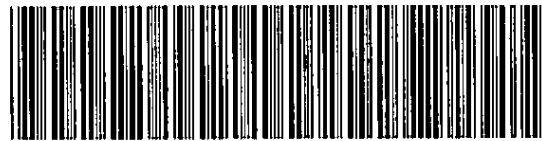
(Business Entity Name)

(Document Number)

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

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2022 SEP 16 AM 9:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 17 2022

D. GONZALEZ

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Michelle A. White 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:

Michelle A. White

\_\_\_\_\_  
(Contact Person)

Michelle A. White LLC

\_\_\_\_\_  
(Firm/Company)

7293 NW 2nd Ave

\_\_\_\_\_  
(Address)

Miami FL 33150

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michelle White

786 280-1340  
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

**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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Michelle A. White LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L20000095562

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1/1/2022

4. I, Christina White Kelcourse f/k/a Christina White, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
Manager  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature] 9/12/22  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

CR2E079 (2/14)

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