120 000 13 9361

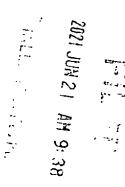
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	
(Dusiness Entity Name)	
(Document Number)	
Certified Copies Certificates of Status _	· ·
Special Instructions to Filing Officer:	





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06/21/21--01032--022 **115.00



COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Golf Pencil Books, LLC	
(Name of Limite	d Liability Company)
The enclosed member, resignation or dissociat	ion and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to:
Brian N Gay	
(Contact Person)	
Golf Pencil Books, LLC	
(Firm/Company)	
1073 Ruppert Road	
(Address)	
Marco Island, FL 34145	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Brian N Gay a	nt (<u>239</u>) <u>298-2740</u>
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	
□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

7021 JUN 21 MM 9:38

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: Golf Pencil Books, LLC
2. The Florida document/registration number assigned to this limited liability company is:
L20000139361
3. The date this member/manager withdrew/resigned or will withdraw/resign is: June 5, 2020
4. I, Karen M. Herrmann
AMBR/Secretary
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Kare M. Herman
Signature of Dissociating Member or Resigning Manager

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: