

L70 000 165 824

(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



800347176628

10/15/20--01030--907 \*\*35.00

FILED

2020 AUG 10 PM 1:47

CLERK OF STATE  
TALLAHASSEE, FL

JQ 10/15/20

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Reach Operations Consulting, 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:

Rowland Chain

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

Reach Operations Consulting, LLC

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

3100 Hanging Moss Circle

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

Kissimmee, FL 34741

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

For further information concerning this matter, please call:

Rowland Chain

407

301-0764

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

CR2E079 (2/14)

RECEIVED

AUG 10 2020



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: Reach Operations Consulting, LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L20000165824
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 07/01/2020
4. I, Keith A. Harpool, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
Authorized Representative  
(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)

**FILED**  
2020 AUG 10 PM 1:47  
SECRETARY OF STATE  
TALLAHASSEE, FL