L200003Z7295

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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11/09/20--01025--004 **25.00

2020 HOV -9 AH 7: 06

COVER LETTER				
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TO:, Registration Section Division of Corporations				
SUBJECT: Working Words Press, LLC (Name of Limited Liability Co				
(Name of Limited Liability Co	ompany)			
The enclosed member, resignation or dissociation and fee(
Please return all correspondence concerning this matter to:				
Jennifer Garrett				
(Contact Person)	_			
Working Words Press, LLC				
(Firm/Company)	_			
112 Bartram Oaks Walk Ste 104 #600822				
(Address)				
Saint Johns, FL 32260				
(City/State and Zip Code)	_			
For further information concerning this matter, please call:				
Jennifer Garrett 904	553-2219			
	e & Daytime Telephone Number)			
Enclosed please find a check made payable to the Florida I	-			
■ \$25 Filing Fee □ \$55 Filing	g 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)



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)

2. The Florida docu	ment/registration number a	ssigned to this limited liability comp	pany is:
L20000327295			F 1 3
3. The date this men	nber/manager withdrew/res	signed or will withdraw/resign is:	0/28/20
Craig Garrett		hereby withdraw/resign as a	
(Print Na	me of Person Resigning)	, hereby withdraw/resign as a	
Manager			
(1	Print Title)		
of this limited liab resignation in writ		he limited liability company has bee	n notified of my
Nay	and		
Signature of Dis	sociating Member or Resig	ning Manager	2020 NOY - 9
			D.N.C
r'1' r	\$25.00 (Required)		. 4
Filing Fee:	JES.00 (Neganea)		