## 121000004349

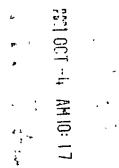
2601 Ponther Creek Rd. — Tallanassee FL 32308			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
10/04			

Office Use Only



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10/19/21--01019--019 ++25.00



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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Prodigy Painter's LLC (Name of Limited)	Liability Company)
The enclosed member, resignation or dissociation	on and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to:
Heather Brown (Contact Person)	
(Firm/Company)	
2601 Panther Creek Rd (Address)	
Tallahassee. FL 32308 (City/State and Zip Code)	
For further information concerning this matter,	please call:
Heather Brown a (Name of Contact Person)	(Nea Code & Daytime Telephone Number)
Enclosed please find a check made payable to t	he Florida Department of State for:  3 \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

CR2E079 (2/14)

Tallahassee, FL 32314



## 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 record	s of the Florida Department
of State is: Pcc	oligy Painter's	LLC	
2. The Florida docu	ment/registration number	assigned to this limited lia	ability company is:
L21000	004349	·	
3. The date this men	mber/manager withdrew/re	esigned or will withdraw/r	resign is: 101121
4. I, Heather	me of Person Resigning)	, hereby withdraw/	resign as a
manag	Print Title)		
of this limited liab resignation in wri		the limited liability comp	any has been notified of my
Heath	Bour		
Signature of Di	ssociating Member or Res	igning Manager	·· a ·- 1 ·- 2
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		h- 130 Lš
			: OI H/V