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(Requestor's Name)
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PICK-UP WAIT MAIL
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COVER LETTER

TO: Registration Section Division of Corporations		
B & A Office Support LLC SUBJECT:		
(Name of Limi	ted Liability C	Company)
The enclosed member, resignation or dissocia	ition and fee	e(s) are submitted for filing.
Please return all correspondence concerning t	his matter t	o:
Barry G Payne		
(Contact Person)		_
B & A Office Support LLC		
(Firm Company)		
1809 E Broadway St. Suite 206		
(Address)		
Oviedo, PL. 32765		
(City State and Zip Code)		
For further information concerning this matte	r, please ca	11:
Barry G Payne	412 at (589-3355
(Name of Contact Person)	(Area Co	de & Daytime Telephone Number)
Enclosed please find a check made payable to	the Florida	a Department of State for:
S25 Filing Fee		ing Fee & Certified Copy
Mailing Address:		Street Address:
Registration Section Division of Corporations		Registration Section Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		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)

	limited liability company as A Office Support LLC	• '	•
	ument/registration number a		
	ember/manager withdrew/res	igned or will withdraw/r	02/14/2021 esign is:
4. I. A Temia Perry (Print N Manager	lame of Person Resigning)	, hereby withdraw/i	resign as a
-	(Print Title)		
resignation in wr	bility company and affirm the iting. issociating Member or Resignations.		my has been notified of my 2021 HAR 15 SECAL FARY TALLAHASSI
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		R 15 AM IO: 1 R 15 AM IO: 1 R STAIL ASSET, FLORI