## h21000067560

(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



900373177749

09/16/21--01009--008 \*\*25.00



## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Herron's Tree Service and Debris Hauling LL (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:
Barry Champlin (Contact Person)
Herron's Tree Service and Debris Hauling LLC
2118 Elias berg Street
Persacola Florida 32507 (City/State and Zip Code)
For further information concerning this matter, please call:
Barry Champlin at (850) 485 - 3900 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee
Mailing Address:  Registration Section  Street Address:  Registration Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327



## 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	mited liability company a		~	1.1
<u>Lalooc</u>	nent/registration number a		5°	ny is:
4. I, <u>I Q&amp;OTT</u> (Print Nam <u>M</u> C	ber/manager withdrew/re  L. Herron  ne of Person Resigning)  Resigning	signed or will withdray	w/resign is:	<u>5, 10,2</u> 621
of this limited liabil resignation in writin	ity company and affirm t ng.	he limited liability con	npany has been n	notified of my
Tabet	Ichran			2021 S
Signature of Dissorting Fee: Certified Copy:	s25.00 (Required) \$30.00 (Optional)	gning Manager	ASSET FA	FILED EP 16 AM 10:22
				æ