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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: American Powdercoating 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:	
Timothy Wilkerson (Contact Person)	
American Powdercoating LC (Finn/Company)	
(Address) H289 County road 218 wite 103 (Address) Middleburg FL 32068 City/State and Zip Code)	•
middleburg FL 32068 City/State and Zip Code)	
For further information concerning this matter, please call:	
Timothy Wilkerson at (904) 482-6887 (Name of Contact Person) (Area Code & Daytime Telephone Number)	
Englosed please find a check made payable to the Florida Department of State for: ✓ \$25 Filing Fee	
Mailing Address: Street Address:	

Registration Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

Registration Section

P.O. Box 6327

Division of Corporations

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 l	imited liability company as it appears on the records of the Florida Department
of State is: <u>Ar</u>	nerican Powdercoating LLC - 3
	ment/registration number assigned to this limited liability company is:
L21000c	
3. The date this men	nber/manager withdrew/resigned or will withdraw/resign is: $\frac{999}{199}$
4. I, Travis C	me of Person Resigning), hereby withdraw/resign as a
<u>CĒ</u> O	Print Title)
of this limited liab resignation in writ	ility company and affirm the limited liability company has been notified of my ting.
oni C	
Signature of Dis	sociating Member or Resigning Manager
~	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)

JESSICA LEE BENIKE Commission # GG 275380 Expires November 8, 2022 Bonded Thru Troy Fain Insurance 809-365-7613

CR2E079 (2/14)