

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : DAVIS, SCHNITKER, REEVES & BROWNING, P.A.  
Account Number : I19980000057  
Phone : (850)973-4186  
Fax Number : (850)973-8564

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TAYLOR COUNTY PROPERTIES, LLC

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COVER LETTER

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TO: Registration Section  
Division of Corporations

SUBJECT: TAYLOR COUNTY PROPERTIES, 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:

EDWARD MEGGS

(Contact Person)

TAYLOR COUNTY PROPERTIES, LLC

(Firm/Company)

POST OFFICE BOX 834

(Address)

MADISON, FLORIDA 32341

(City/State and Zip Code)

For further information concerning this matter, please call:

EDWARD MEGGS

850

973-2400

at ( )

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing 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)

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2022 JUN 17 PM 3:27

FILED



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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)

2022 JUN 17 PM 3:27

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: TAYLOR COUNTY PROPERTIES, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L21000260445

3. The date this member/manager withdrew/resigned or will withdraw/resign is: DATE OF FILING

4. I, WILLIAM RUTHERFORD, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MANAGER

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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