

L21000358219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

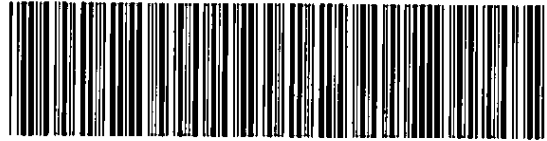
Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE

FEB 22 2022

Office Use Only



200382280012

FILED

2022 FEB 22 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FL

02/22/22--01002--020 **55.00

RECORDED

2022 FEB 22 AM 11:20

TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Arrowhead Painters And More 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:

Jared Whiddon
(Contact Person)

Arrowhead Painters And More LLC
(Firm/Company)

10525 Hoxford Hwy
(Address)

Quincy FL 32351
(City/State and Zip Code)

For further information concerning this matter, please call:

Jared Whiddon
~~Phone Number~~ at ~~(Area Code)~~ ~~Daytime Telephone Number~~ 850-879-0895
(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



FILED
2022 FEB 22 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FL 323

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 records of the Florida Department of State is: Arrowhead Painters And More LLC

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

LA1000358219

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 2-18-22

4. I, Clay Givens, hereby withdraw/resign as a
(Print Name of Person Resigning)

AMBR
(Print Title)

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

Clay Givens
Signature of Dissociating Member or Resigning Manager

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