## L21000408514

(Requesto	r's Name)
(Address)	
(Address)	
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	t Number)
Certified Copies	Certificates of Status
Special Instructions to Filing C	Officer:
	J. HORNE
	JAN 17 2025

Office Use Only



800440049298

12/08/24--01002--013 \*\*\$5.00



## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: The Postal Mail (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:		
LAKICCTA DUNNAGAN (Contact Person)		
The postal Mail LLC (Firm/Company)		
16350 Bruce B DOWNS BIW #47142 (Address)		
Tampa, FL 33647 (City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Contact Person) at (S13) 4155021 (Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for:  □ \$25 Filing Fee & Certified Copy		
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

### **COVER LETTER**

**TO:** Registration Section Division of Corporations

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(Name of Limit	led Liability Company)
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Please return all correspondence concerning t	his matter to:
LAKICCT A DUNNA (Contact Person)	GAN
The postal Mail (Firm/Company)	LLC
16350 Bruce B DOW (Address)	INS BIW #71192
Tampa, FL 3364	7
For further information concerning this matte	r, please call:
(Name of Contact Person)	at ( <u>K13</u> ) <u>4155221</u> (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to ☐ \$25 Filing Fee	the Florida Department of State for:  \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



# DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM TO ADDIDA 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: The Postal Mail
2. The Florida document/registration number assigned to this limited liability company is:
87-2644514
3. The date this member/manager withdrew/resigned or will withdraw/resign is: VI-20 2020
4. I. Matte Williams, 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.
Mattel Williams
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)