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(Requestor's Name)					
(Address)					
(Address)					
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PICK-UP	☐ WAIT	MAIL			
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COVER LETTER

TO:	0	•
	Division of Corporations	
SUBJ:		
	(Name of I	imited Liability Company)
The er	iclosed member, resignation or diss	ociation and fee(s) are submitted for filing.
Please	return all correspondence concerni	ng this matter to:
Mark V	Villiams	_
	(Contact Person)	8
Willian	ns-Projects LLC	-
	(Firm/Company)	
4745 Q	uailwood Way, Apt A	
	(Address)	
Boynto	n Beach, FL, 33436	
	(City/State and Zip Code)	
For fu	rther information concerning this m	atter, please call:
Mark V	Villiams	5613325936 at ()
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclos	sed please find a check made payab	e to the Florida Department of State for:
	Filing Fee	☐ \$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
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303



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)

	• • •	s it appears on the records of t	·
2. The Florida doci		assigned to this limited liability	
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign	06/15/2022 n is:
4. I. Marinda Williams, hereby withdraw/resign as a, hereby withdraw/resign as a			
Member	(Print Title)		
of this limited lial resignation in wr		he limited liability company h	as been notified of my
Signature of Di	ssociating Member or Resig	gning Manager	m·s
	\$25.00 (Required) \$30.00 (Optional)		PM :: LL