LZZ 000249246

(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:				

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	•		
Robert McMahon LLC			
SUBJECT: (Name of Lin	mited Liability Co	ompany)	
The enclosed member, resignation or dissoc	ciation and fee	(s) are submitted for	filing.
Please return all correspondence concerning	g this matter to	:	
Kim McMahon			
(Contact Person)		_	
Robert McMahon LLC			
(Firm/Company)		_	
103 Douglas Street			
(Address)			
Homosassa, FL 34446			
(City/State and Zip Code)	<u>. </u>		
For further information concerning this ma	tter, please cal	l:	;
Kim McMahon	954 at (610-8932	
(Name of Contact Person)	(Area Coc	le & Daytime Telephor	ne Number), 🦁
Enclosed please find a check made payable \$\Bigsireq \\$ \$25 \text{Filing Fee}\$	to the Florida	Department of State ng Fee & Certified C	for: opy
-			
Mailing Address: Registration Section		Street Address: Registration Section Division of Corpo	
Division of Corporations P.O. Box 6327		The Centre of Tall	lahassee
Tallahassee, FL 32314		2415 N. Monroe S	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)

Robe	limited liability company as it app		Department
2. The Florida doc L22000249245	ment/registration number assigned	I to this limited liability company	is:
4. I. Kimberly McMa	mber/manager withdrew/resigned hon fame of Person Resigning)		022 70.22 JET -
	(Print Title) bility company and affirm the limi	ted liability company has been not	tified of my
	Maken Sesociating Member or Resigning N		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		