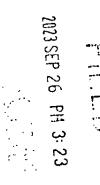
## 

(Re	questor's Name)			
(Ad	dress)	· · · · - · · - · · - · · - · · - · · - · · - · · - · · - ·		
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate:	s of Status		
Special Instructions to Filing Officer:				





09/28/23--01045--020 \*\*55.00





## **COVER LETTER**

TO:	Registration Section Division of Corporations		
	Taxman of Lake City, LLC		
SHR	TECT:		
3012		Limited Liability Co	ompany)
The e	nclosed member, resignation or dis	sociation and fee	(s) are submitted for filing.
Please	e return all correspondence concerr	ing this matter to	):
DaLee	J Kicker		
	(Contact Person)		_
Taxma	n of Lake City, LLC		
	(Firm/Company)		_
650 SV	V Main Blvd		
	(Address)		_
Lake C	City, FL 32025		
	(City/State and Zip Code)		_
For fi	urther information concerning this r	natter, please cal	<b>l</b> :
DaLce	J Kicker	713	632-5497
	(Name of Contact Person)		de & Daytime Telephone Number)
Enclo	osed please find a check made paya	ble to the Florida	Department of State for:
□ \$2	5 Filing Fee	■ \$55 Fili	ng Fee & Certified Copy
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

P.O. Box 6327

Tallahassee, FL 32314



## 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)

	limited liability company as an of Lake City, LLC	it appears on the records of the Florida Department
	<u>.</u>	·
2. The Florida docs L23000046043	ument/registration number as	ssigned to this limited liability company is:
<del> </del>		 June 19, 2023
3. The date this me James H Johnsto		igned or will withdraw/resign is:
		, hereby withdraw/resign as a
(Print A Manager	iame of Person Resigning)	, hereby withdraw/resign as a
	(Print Title)	
of this limited lia resignation in wr	· · · ·	e limited liability company has been notified of my
all	adely for C	Jome H. Osluston, OR
Signature of D	issociating Member or Resig	hing Manager deceased in 19, 202
Filing Fee:	\$25.00 (Required)	
Certified Copy:		