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(Requestor's Name)		
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(Business Entity Name)		
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COVER LETTER

TO: Registration Section Division of Corporations ONLY WHITE HATS, LLC SUBJECT: (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: STEPHEN J SMITH (Contact Person) (Firm/Company) PO BOX 50122 (Address) JACKSONVILLE BEACH, FLORIDA 32240 (City/State and Zip Code) For further information concerning this matter, please call: STEPHEN J SMITH (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 S55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 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)

of State is: ONLY WHITE HATS, LLC	
2. The Florida document/registration number L23000090026	assigned to this limited liability company is:
3. The date this member/manager withdrew/r	esigned or will withdraw/resign is:
4. I. STEPHEN SMITH (Print Name of Person Resigning)	, hereby withdraw/resign as a
MGR	
(Print Title)	•
of this limited liability company and affirm resignation in writing.	the limited liability company has been notified of my
Signature of Dissociating Member or Res	igning Manager
	2

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: