

L23000498439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

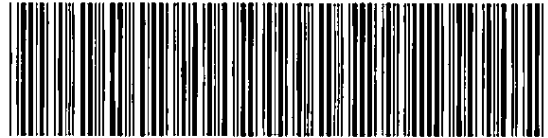
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/27/23--01046--013 **85.00

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2024 JAN -8 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 14, 2023

KELLY S BYRD
120 FARRIER LANE
CRAWFORDVILLE, FL 32327

SUBJECT: BYRD BRAIN CONSULTING, LLC
Ref. Number: L23000498439

We have received your document for BYRD BRAIN CONSULTING, LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

William E Byrd is not listed as the current Registered Agent he cannot Resign as the Registered Agent. I have enclosed a Dissociation or Resignation if he wants to Resign as AMBR. (see printout)

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 823A00028462

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BYRD BRAIN CONSULTING, LLC
(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:

Kelly Byrd
(Contact Person)

Byrd Brain Consulting, LLC
(Firm/Company)

129 Farrier Ln.
(Address)

Crawfordville, FL 32327
(City State and Zip Code)

For further information concerning this matter, please call:

Kelly Byrd at (850) 251-7495
(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

☐ \$55 Filing Fee & Certified Copy

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Byrd Brain Consulting, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L23000498439

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/2/23

4. I, William Byrd, hereby withdraw/resign as a
(Print Name of Person Resigning)

AMBR
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

W Byrd
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)