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COVER LETTER

	egistration Section Division of Corporations			
12	ivision of corporations			
SUBJEC	TURNER SPECIALTY SERVI	CES, L.L.C.		
G01301.C	(Name of	Limited Liability Co	mpany)	
The encl	osed member, resignation or dis	sociation and fee(s) are submitted for filing	g.
Please re	turn all correspondence concern	ing this matter to:		
BETH LA	NCON			
	(Contact Person)		- -	
TURNER	SPECIALTY SERVICES, L.L.C.			
	(Firm/Company)		_	
P.O. BOX	2750			
	(Address)		_	
BATON F	ROUGE, LA 70821			2023 NOV -2 SECINETIMENT
	(City/State and Zip Code)		_	- E 3
For furth	er information concerning this i	natter, please call	:	-2 P
BATH LA	ANCON	225 at (214-2697	umber) S
	(Name of Contact Person)	(Area Code	e & Daytime Telephone N	umber) C
	I please find a check made paya		Department of State for: g Fee & Certified Copy	
<u>»</u>	Tailing Address:		Street Address:	
	Registration Section Division of Corporations		Registration Section Division of Corporatio	ons
	P.O. Box 6327		The Centre of Tallahas	

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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	it appears on the records of the Flor L.C.	ida Depan	tment		
2. The Florida doci	ument/registration number as	ssigned to this limited liability comp	any is:			
3. The date this member/manager withdrew/resigned or will withdraw/resign is:						
4. 1, (Print N	me of Person Resigning)	, hereby withdraw/resign as a	NI NI	2003 NOV -2		
of this limited lia		ne limited liability company has been	<u> </u>	PX		
resignation in wr	iling.		, 14 <u>1-</u> 5 इन्ह	3 8		
Signature of D	ssociating Member or Resig	ning Manager				
	\$25.00 (Required) \$30.00 (Optional)					