

MI2000001748

(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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mbr mgr

SEP 30 2014

R. WHITE

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76 SEP 30 PM 2:22
CLERK OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 25, 2014

CAROL OGDEN
3250 MARY ST STE 306
MIAMI, FL 33133

SUBJECT: SOUTHERN ASSET MANAGEMENT OF FLORIDA I, LLC
Ref. Number: M12000001748

We have received your document for SOUTHERN ASSET MANAGEMENT OF FLORIDA I, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida for profit corporation, but your entity is a Florida limited liability company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 614A00020642

COVER LETTER

TO: Registration Section
Division of Corporations

TO: Rebecca White

SUBJECT: Southern Asset Management of Florida
(Name of Limited Liability Company)

I, LLC

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Deborah L McCoy
(Contact Person)

(Firm/Company)

6009 Hickory Grove Ln
(Address)

Port Orange FL 32128
(City/State and Zip Code)

For further information concerning this matter, please call:

Deborah L McCoy at (386) 547-0008
(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

* Check
Already
Sent &
Cashed.
See
Attached
Copy.

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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



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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: Southern Asset Management of Florida, LLC

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

M12000001748

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/11/14

4. I, Deborah L McCoy, hereby withdraw/resign as a
(Print Name of Person Resigning)

Manager
(Print Title)

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

A handwritten signature in black ink, appearing to read "D McCoy", is written over a horizontal line.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)