

L14000194592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

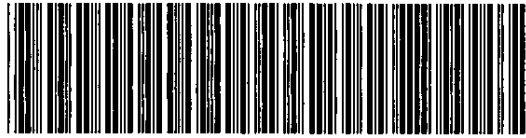
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA  
15 MAR - 2 AM 11:58

MAR 10 2015  
T. CARTER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Orangeland Enterprises, 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:

Christopher Roper  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

4801 9th Street South  
(Address)

Saint Petersburg, FL 33705  
(City/State and Zip Code)

For further information concerning this matter, please call:

Christopher Roper at ( 727 ) 698-1400  
(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

**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



FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 MAR -2 AM 11:58

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: Orangeland Enterprises, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L14000194592

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 2-27-2015

4. I, Christopher Roper, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MGRM

*(Print Title)*

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

Christopher Roper

Signature of Dissociating Member or Resigning Manager

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

P11000056961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

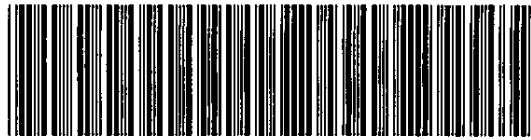
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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03/02/15--01012--021 \*\*35.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 MAR -2 AM 9:41

MAR 10 2015  
T. CARTER

TRANSMITTAL LETTER

To: Amendment Section  
Division of Corporations

SUBJECT: Flee + Inspections Inc  
(Name of Corporation)

DOCUMENT NUMBER: P11 000056961

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Jeff Span.  
(Name of Person)

Flee + Inspections Inc.  
(Name of Firm/Company)

111 SW 10<sup>TH</sup> Street.  
(Address)

Hallandale Beach, FL 33009.  
(City/State and Zip Code)

For further information concerning this matter, please call:

Glen Robbins at ( 754 ) 224 7042  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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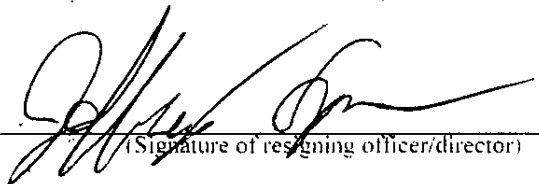
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Jeff Span, hereby resign as President  
(Title)

of Fleet Inspections  
(Name of Corporation)

P 11 000056961, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

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