

L16000031709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

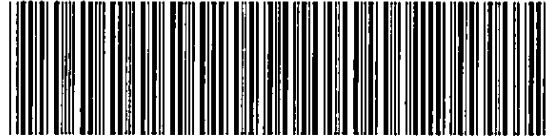
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: PIRATE PROPERTY SERVICES, 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:

LAWRENCE D. SCHOTT, ESQ.  
(Contact Person)

LAW OFFICES OF LAWRENCE D. SCHOTT, P.A.  
(Firm/Company)

2100 E HALLANDALE BEACH BLVD, STE. 200  
(Address)

HALLANDALE BEACH, FL 33009  
(City/State and Zip Code)

For further information concerning this matter, please call:

Lawrence D. Schott, Esq. at ( 954 ) 455-3399  
(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



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: PIRATE PROPERTY SERVICES, LLC.
2. The Florida document/registration number assigned to this limited liability company is:  
L16000031709
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08/23/2022
4. I, NEIL SIDEBOTHAM, 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.

Signature of Dissociating Member or Resigning Manager

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

SECRETARY OF STATE  
TALLAHASSEE, FL

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