# LZ1 0000 69539

(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:			
J. HORNE DEC 2 2 2021			
11/24			

Office Use Only



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10/25/21--01020--028 \*\*35.00



2021 ECT 24 AM 8: 14

Letter Number: 121A00026847

#### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 3, 2021

ANN MANSFELD 1830 DRUID RD CLEARWATER, FL 33764 US

Ref. Number: L2000069539

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a LLC. 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.

Jasmine N Home Regulatory Specialist II

www.sunbiz.org

#### **COVER LETTER**

TO: Regi	istration Section		
Divi	sion of Corporations		
SUBJECT:			
	(Name of	Limited Liability Co	ompany)
The enclose	d member, resignation or dis	sociation and feet	(s) are submitted for filing.
Please return	n all correspondence concerr	ning this matter to	:
Ann Mansfeld	I		
	(Contact Person)		_
J. D'Agostino	Companies, LLC		
	(Firm/Company)		
1830 Druid Ro	i E		
	(Address)		_
Clearwater, Fl	orida 33764		
	(City/State and Zip Code)	<del></del>	_
For further i	nformation concerning this r	natter, please call	:
Ann Mansfeld		727 at (	272-0272
(1)	Name of Contact Person)		e & Daytime Telephone Number)
Enclosed ple	ease find a check made payat	ole to the Florida!	Department of State for:
☐ \$25 Filin			g Fee & Certified Copy
	ng Address:		Street Address:
_	stration Section		Registration Section
	sion of Corporations		Division of Corporations
-	Box 6327		The Centre of Tallahassee
ı alla	thassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



# FILED 2021 NOV 24 PM 7: 28

SECRETARY OF STAFF TALLAHASSEE, FLORE

### 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)

	e limited liability company as it	appears on the records of the Florida Department
		gned to this limited liability company is:
3. The date this me	ember/manager withdrew/resign	oed or will withdraw/resign is: October 22, 2021
Ann Mansfeld		hereby withdraw/recion as a
(Print)	Name of Person Resigning)	, hereby withdraw/resign as a
AMBR		
<del>- · · · · · · · · · · · · · · · · · · ·</del>	(Print Title)	
of this limited lia resignation in wr		imited liability company has been notified of my
Signature of D	issociating Member or Resignin	g Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	