## h21000196038

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
<u> </u>				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special instructions to 1 ming Officer.				

Office Use Only



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## **COVER LETTER**

Division of Corporations ACL BANNON LAKES, LLC **SUBJECT:** (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: Gilbert Contreras (Contact Person) Contreras & Camacho, P.A. (Firm/Company) 141 Almeria Avenue (Address) Coral Gables, FL 33134 (City/State and Zip Code) For further information concerning this matter, please call: Gilbert Contreras (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$25 Filing Fee ■ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314

TO:

Registration Section



## 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 compan	y as it appears on the records	s of the Florida Department
of State is: ACL	BANNON LAKES, LLC		<del>.</del>
2. The Florida docu	ment/registration numb	er assigned to this limited lia	bility company is:
L21000196038			
3. The date this me	mber/manager withdrew	r/resigned or will withdraw/re	esign is:
4. I, Anthony Seijas		, hereby withdraw/r	esign as a
(Print N	ame of Person Resigning)	<u> </u>	J
Manager			
	(Print Title)	<b></b> •	
of this limited lia resignation in wr		m the limited liability compa	ny has been notified of my
Anthony (Cital Anthony sept. May 21, 2012 17 16 601)		May 23, 2022	
Signature of Di	ssociating Member or R	esigning Manager	
			2022 MAY : SECRETA
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		<b>**</b> ***