

L22 000403592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

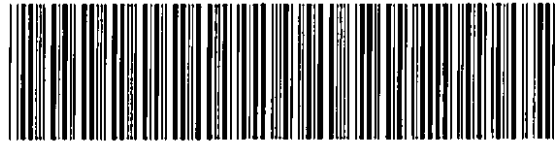
(Business Entity Name)

(Document Number)

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

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A handwritten signature in black ink, appearing to be a stylized 'A' or similar character.

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 12864 S Shore Drive LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mac Ross

Name of Person

Law Office of Kyle Felty, P.A.

Firm/Company

725 N AIA C-112

Address

Jupiter/Florida 33477

City/State and Zip Code

mac@kyelfelty.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mac Ross at (561) 614-6606  
Name of Person Area Code Daytime Telephone Number

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**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: 12864 S Shore Drive LLC

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

L22000403592

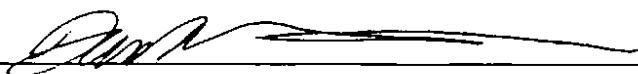
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 3-27-2023

4. I, David Mastrogiovanni, 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.

  
Signature of Dissociating Member or Resigning Manager  
David Mastrogiovanni

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

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