

L08000079345

(Requestor's Name)

JULIE SHISKIN
561-862-4149
HANKINS NORTHWOOD ROMAN WENZEL
1800 NORTH MILITARY TRAIL
BOCA RATON FL 33431

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700262301477

08/21/14--01002--005 **25.00

FILED
14 AUG 21 PM 3:54
CLERK OF COURT
CLERK OF COURT

my
LLC Resignation



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: 1005 Lewis Cove Road, LLC.

2. The Florida document/registration number assigned to this limited liability company is:
L08000079345.

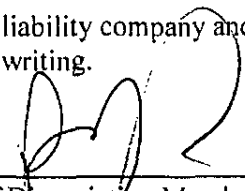
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8-12-2014

4. I, Randy Porter, 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

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

FILED
14 AUG 21 PM 3:54
TALLAHASSEE, FLORIDA