121 000 154342

(Requestor's Name)						
(Address)						
· · · ·						
(Address)						
(Addless)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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COVER LETTER

TO:	_	stration Section sion of Corporations					
er:n:	ur cerr .	STAY IN VACATIONN HOME:	S LLC				
SORI	ECT:	(Name of Limited Liability Company)					
The c	nclosed	d member, resignation or diss	ociatic	on and fee	e(s) are submitted for filing.		
Please	e return	all correspondence concerni	ng this	s matter to	o:		
LUCIA	ANA PA	NAJOTTI					
		(Contact Person)					
		(Fimt/Company)					
10043	GRANI	D CANAL DRIVE UNIT 17207					
		(Address)					
WIND	ERME	RE - 34786					
		(City/State and Zip Code)	·····				
For fi	irther i	nformation concerning this m	natter. _J	please cal	П:		
LUCIA	ANA Pa	ITTOLANA	at	917	8530353 		
	(1)	lame of Contact Person)		(Area Co	de & Daytime Telephone Number)		
Enclo	sed plu	case find a check made payab	le to th	ne Florida	a Department of State for:		
≡ \$2	5 Filin	g Fee		I \$55 Fili	ing Fee & Certified Copy		
		ng Address:			Street Address: Registration Section		
	-	stration Section sion of Corporations			Division of Corporations		
	P.O.	Box 6327			The Centre of Tallahassee		
	Talla	thassee, FL 32314			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)

	limited liability company as		the Florida Department		
2. The Florida doci	iment/registration number as	ssigned to this limited liabili	ity company is:		
3. The date this me	mber/manager withdrew/resi	igned or will withdraw/resig	04/28/2021 gn is:		
LUCIANA PAN	.UCIANA PANAJOTTI, hereby withdraw/resign as a				
AMBR	ame oj verson kesigning)				
	(Print Title)				
of this limited lia resignation in wr	bility company and affirm th iting.	e limited liability company	has been notified of my		
Signature of D	ssociating Member or Resig	ning Manager	AM 7: 33		
Filing Fee: Certified Copy:	S25.00 (Required) S30.00 (Optional)		33 21112		