

L2100029850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

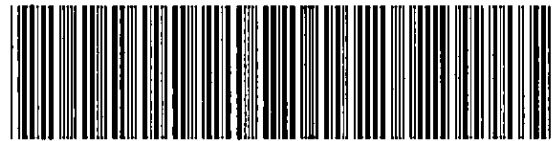
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300407603473

2023 MAY 23 AM 9:23

05/25/23--01004--004 \*\*55.00

RECEIVED  
2023 MAY 25 AM 9:16  
TALLAHASSEE, FLORIDA

NOTICE

25 2023

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Black Heart LLC

(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:

Anita Medic

(Contact Person)

(Firm/Company)

380 Sharwood Dr

(Address)

Naples Florida 34110

(City/State and Zip Code)

For further information concerning this matter, please call:

Anita Medic

239 249 2690  
at ( )  
(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:**

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



2023 MAY 25 AM 10:23

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)

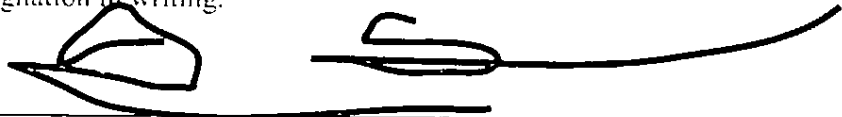
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Black Heart LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L21000129850

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4/2/2023

4. I, Michael Schaeffer, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Managing Member  
*(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)