

L02000007184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

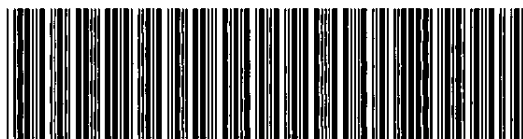
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200120492662

03/18/08--01020--007 **25.00

FILED
08 MAR 20 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OK 3/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DOLPHIN BAY PROPERTY MANAGEMENT, LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JUNE DUNLEA
(Contact Person)

DOLPHIN BAY PROPERTY MANAGEMENT, LLC
(Firm/Company)

1099 S. OCEAN BLVD Unit H 203 South
(Address)

BOCA RATON FLA 33432
(City/State and Zip Code)

For further information concerning this matter, please call:

JUNE DUNLEA at (561) 706-47
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
08 MAR 20 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: DOLPHIN BAY PROPERTY MANAGEMENT, LLC
2. This limited liability company was organized under the laws of: Fla Dept of State Division of Corp.
3. The Florida document/registration number of this limited liability company is: L02000007184 FEI # 770592379
4. I, BARBARA LAURICELLA, hereby resign as a MEMBER
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Barbara Lauricella
Signature of Resigning Member, Managing Member or Manager

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

FILED
08 MAR 20 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA