

L 06000050917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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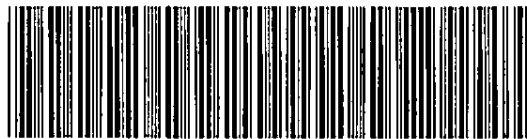
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LAW OFFICE
OF
JOHN A. WATSON

JOHN A. WATSON

2501 East Commercial Boulevard, Suite 200
Fort Lauderdale, Florida 33308

Telephone (954) 289-5990

Facsimile (954) 337-2722

Cell (954) 803-7515

jwatson@johnwatsonlaw.com

PLEASE REPLY TO:

P. O. Box 11066

Fort Lauderdale, Florida 33339

December 28, 2017

VIA FEDEX

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

RE: Lombardy Avenue, LLC
Document No. L06000050917
Three(3) Member Resignations

Dear Sir:

Please find enclosed three(3) original Resignations of Member for the above referenced limited liability company for filing with the Florida Secretary of State, Division of Corporations. This firm's check in the amount of \$75.00 is enclosed representing the filing fee due for the three(3) resignations.

Thank you for your attention to this matter. If you have any questions with regard to the foregoing, please do not hesitate to contact me.

Sincerely,



JOHN A. WATSON
For the Firm

JAW:js
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOMBARDY AVENUE, 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:

John A. Watson, Esq.

(Contact Person)

Law Office of John A. Watson

(Firm/Company)

P.O. Box 11066

(Address)

Fort Lauderdale, Florida 33339-1066

(City/State and Zip Code)

For further information concerning this matter, please call:

John A. Watson

(Name of Contact Person)

at (954) 803-7515

(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



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: LOMBARDY AVENUE, LLC

2. The Florida document/registration number assigned to this limited liability company is: L06000050917

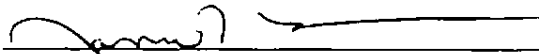
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 5/22/2017

4. I, James G. Tomasso, hereby withdraw/resign as a
(Print Name of Person Resigning)

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)