

L06 000075547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

15 APR - 7 PM 2:40

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TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED

15 APR 23 PM 1:52

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

LLC Resign/m/m

04/23-15
DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 7, 2015

JAMES SAULS
522 E. JEFFERSON STREET
TALLAHASSEE, FL 32301

SUBJECT: PORTOFINO VILLAS, LLC
Ref. Number: L06000075547

We have received your document and check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE REGISTERED AGENT FOR THIS LLC IS JENNIFER N. PEARCE. JAMES S. SAULS IS LISTED AS THE MANAGER OF THE LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist III

Letter Number: 615A00006884

RECEIVED
15 APR 23 PM 1:49
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PORTOFINO VILLAS 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:

JAMES S SAULS

(Contact Person)

(Firm/Company)

522 E. JEFFERSON STREET

(Address)

TALLAHASSEE, FL 32301

(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES SAULS

(Name of Contact Person)

at (850) 251-6050

(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: PORTOFINO VILLAS LLC

2. The Florida document/registration number assigned to this limited liability company is:
L06000075547

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

4. I, JAMES S SAULS, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGR

(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
15 APR 23 PM 1:52
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA