

LO7000078381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

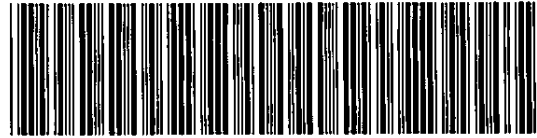
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/25/15--01010--027 **55.00

FILED
15 SEP 25 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 28 2015

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MY SAMANTHA, 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:

CHARLENE LINGER
(Contact Person)

MY SAMANTHA, LLC
(Firm/Company)

700 INDIAN BEACH CIRCLE
(Address)

SARASOTA, FL 34234
(City/State and Zip Code)

For further information concerning this matter, please call:

CHARLENE LINGER at (941) 713-5566
(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



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: MY SAMANTHA, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L07000078381

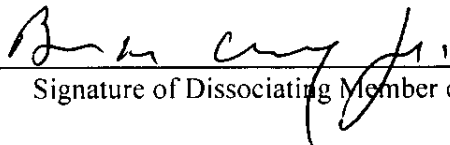
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 06/17/2015

4. I, BRUCE M. CRISSY JR., 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 SEP 25 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CHARLENE J LINGER
PH. 941-351-4107
700 INDIAN BEACH CIR.
SARASOTA, FL 34234-5741

83-1105
631 912

2182

DATE 9-12-15

PAY TO THE ORDER OF Florida Dept of State

\$55.00

DOLLARS

THE NORTHERN TRUST COMPANY

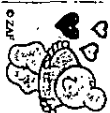


Northern Trust

MEMO Bruce resigned from
My Sarasota

Charlene Linger

⑆063111059⑆ 2840104707⑈ 02182



Ms. Charlene J. Linger
700 Indian Beach Cir
Sarasota, FL 34234



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

RECEIVED

15 SEP 24 PM 4 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA