

LO8 000041793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

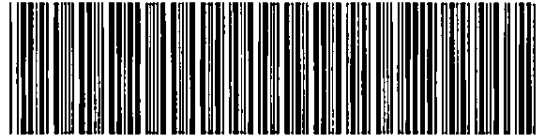
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
CLERK OF STATE

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Meshbesh Properties  
(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:

Avie Croce  
(Contact Person)

Meshbesh Properties, LLC  
(Firm/Company)

1301 Beville Road, Suite 12  
(Address)

Daytona Beach, FL 32119  
(City/State and Zip Code)

For further information concerning this matter, please call:

Avie Croce at 386 214-3696  
(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

**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



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: Meshbesh Properties

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

L08000041793

Jan. 1st 2021

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/01/2021

4. I, Lewis Croce, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MGRM

(Print Title)

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

Lewis H. Croce

Signature of Dissociating Member or Resigning Manager

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2021 JAN 27 PM 2:28

FILED

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