

L08000079345

(Requestor's Name)

JULIE SHISKIN  
561-862-4149  
HANKINS NORTHWOOD ROMAN WENZEL  
1800 NORTH MILITARY TRAIL  
BOCA RATON FL 33431

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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my  
LLC Resignation



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: 1005 Lewis Cove Road, LLC.

2. The Florida document/registration number assigned to this limited liability company is:  
L08000079345.

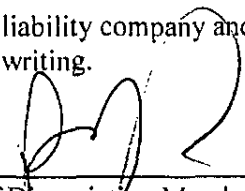
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8-12-2014

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

Manager

(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)

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