

L090000 52596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

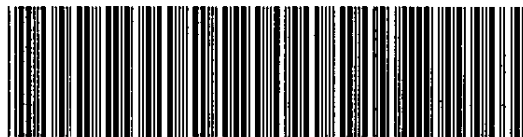
(Business Entity Name)

(Document Number)

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09 SEP 11 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES
SEP 14 2009
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STROEMDAL SEISE PROPERTIES, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Timothy D. Seise

Name of Person

STROEMDAL SEISE PROPERTIES, LLC

Firm/Company

4463 Kincardine Drive

Address

Jacksonville, FL 32257

City/State and Zip Code

timseise@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Timothy D. Seise

Name of Person

at (904)

703 8917

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

FILED
09 SEP 11 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: STROEMDAL SEISE PROPERTIES, LLC

2. This limited liability company was organized under the laws of:
FLORIDA

3. The Florida document/registration number of this limited liability company is:
L09000052596

4. I, Jann T. Stroemdal, hereby resign as a MGRM
(Print Name of Person Resigning) *(Print Title)*

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


Signature of Resigning ~~Member~~ Managing Member or Manager

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