

L10000014427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

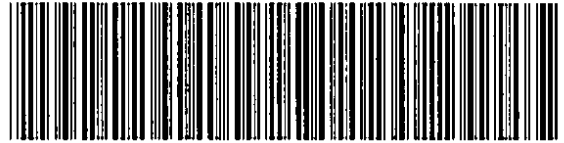
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 JAN -4 AM 6:49
STATE OF FLORIDA
TALLAHASSEE, FL

O SIMMONS
FEB 12 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fannun Family 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:

Kimberly Annunziata

(Contact Person)

Fannun Family LLC

(Firm/Company)

1676 New Point Comfort Rd

(Address)

Englewood, FL 34223

(City/State and Zip Code)

For further information concerning this matter, please call:

Kimberly Annunziata

(Name of Contact Person)

770 8411520
at (_____) _____

(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



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SECRETARY OF STATE

FLORIDA DEPARTMENT OF STATE, PALM BEACH, FL
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: Fannun Family LLC

2. The Florida document/registration number assigned to this limited liability company is:
L10000014427

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/30/20

4. I, Kimberly J Annunziata, hereby withdraw/resign as a
(Print Name of Person Resigning)

Member, Fannun Family LLC

(Print Title)

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

Kimberly J Annunziata

Signature of Dissociating Member or Resigning Manager

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



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SECRET
TALLAHASSEE, FL

FLORIDA DEPARTMENT OF STATE
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3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/30/20

4. I, Kimberly J Annunziata, hereby withdraw/resign as a
(Print Name of Person Resigning)
Member, Fannun Family LLC
(Print Title)

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

Kimberly J Annunziata
Signature of Dissociating Member or Resigning Manager

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