

L10000098201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

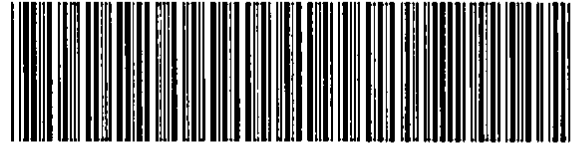
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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~~02/21/19--01015 015 \*\*125.00~~

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FILED  
2019 APR 24 AM 9:16

Resignation

APR 25 2019

I ALBRITTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 5390 PARK BOULEVARD, 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:

TERRENCE S. BUCHERT, ESQ.

\_\_\_\_\_  
(Contact Person)

TERRENCE S. BUCHERT, PA

\_\_\_\_\_  
(Firm/Company)

PO BOX 47121

\_\_\_\_\_  
(Address)

ST. PETERSBURG, FL 33743

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

TERRY BUCHERT at ( 727 ) 302-0351  
\_\_\_\_\_  
(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

February 27, 2019

TERRENCE S. BUCHERT, ESQ.  
TERRENCE S. BUCHERT, PA  
P.O. BOX 47121  
ST. PETERSBURG, FL 33743

SUBJECT: 5390 PARK BOULEVARD, LLC  
Ref. Number: L10000098201

We have received your document for 5390 PARK BOULEVARD, LLC and your check(s) totaling \$250.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

The resigning member must sign.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 319A00004125

RECEIVED

2019 APR 24 PM 2:46

STATE  
TALLAHASSEE



2019 FEB 24 AM 9:46

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: 5390 PARK BOULEVARD, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L10000098201

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 2/19/19

4. I, DANIEL MCGEEHAN, 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 of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

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