

L110000 66444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

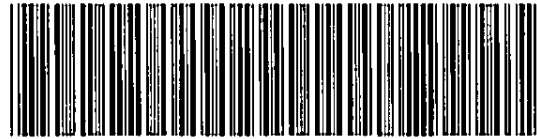
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JUN 05 2019

FILED
2019 MAY 20 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FL

Diss/Resign
Member

LAW OFFICES
ANA M. VELIZ
PROFESSIONAL ASSOCIATION

EMAIL: aveliz@velizlaw.com
www.velizlaw.com

2655 S. LE JEUNE ROAD
PENTHOUSE 2-A
CORAL GABLES, FLORIDA 33134

TELEPHONE (305) 250-9917
FACSIMILE (305) 675-3343

May 15, 2019

VIA Certified Mail

Florida Department of State
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

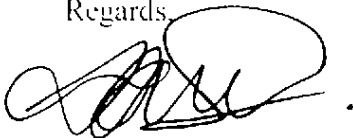
Re: Five Twenty One, LLC
FI document number: L 110000 66444
(for our office only) - San Roman

Dear Sir or Madam:

Enclosed please find the DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY for the above-Reference matter. Also enclosed is check number 2116 in the amount of \$55.00. Please process the document in your usual expedited matter.

Should you have any questions, please contact our office at (305) 250-9917.

Regards,



Tania A. Medina, Paralegal
TAM/la

Encl.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FIVE Twenty One, 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:

Ana M. Veliz, Esq.
(Contact Person)

Ana M. Veliz, P.A.
(Firm/Company)

2655 S. Lejeune Rd PH 2A
(Address)

Coral Gables, FL 33134
(City/State and Zip Code)

For further information concerning this matter, please call:

Ana Veliz at (305) 250 9917
(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

**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: Five Twenty One, LLC

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

L 110000 66444

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4-1-2019

4. I, Angel San Roman a/k/a Angel F., hereby withdraw/resign as a
(Print Name of Person Resigning) San Roman

MGPM - Manager Member
(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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TALLAHASSEE, FL