

41000112033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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FEB 09 2017
S. YOUNG

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 FEB -6 PM 12:00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Enchanted Florist at Cape Coral 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:

Cheryl Myers
(Contact Person)

Enchanted Florist at Cape Coral LLC.
(Firm/Company)

1616 Cape Coral Pkwy W. Unit 114
(Address)

Cape Coral, Florida 33914
(City/State and Zip Code)

For further information concerning this matter, please call:

Cheryl Myers at (239) 540-3353
(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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 FEB -6 PM 12:00



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: Enchanted Florist at Cape Coral LLC

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

L11000112033

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 2-3-17

4. I, Cheryl Myers, 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.

Cheryl Myers
Signature of Dissociating Member or Resigning Manager

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

FILED
STATE DEPT. OF STATE
TALLAHASSEE, FLORIDA
17 FEB -6 PM 12:00



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DIVISION OF CORPORATIONS

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L11000112033

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 2-3-17

4. I, Cheryl Myers, 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.

Cheryl Myers
Signature of Dissociating Member or Resigning Manager

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
27 FEB -6 PM 12:00