

211000131678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

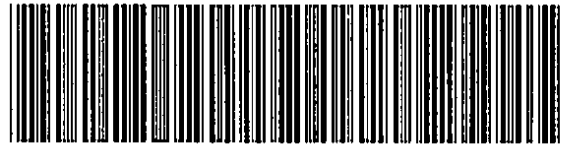
(Document Number)

Certified Copies _____ Certificates of Status _____

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NOV 30 2021

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2021 NOV -5 PM 4:33
SECRETARY OF STATE
MASS.



1619 NW 5th Street, Chiefland, FL 32626
954 200.0025
www.visionportrait.com

November 2, 2021

To Whom It May Concern:

Please take note that we have received a letter of dissociation/resignation from our member/partner, Ellen Spitzer dated November 1, 2021.

Regards

Dominique Spitzer

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vision Photography, 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:

Dominique Guyot-BARNES
(Contact Person)

Vision Photography, LLC
(Firm/Company)

1619 NW 5th St
(Address)

Chiefland FL 32626
(City/State and Zip Code)

For further information concerning this matter, please call:

Dominique Guyot-BARNES at (954) 200 0025
(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

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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: Vision Photography, LLC

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

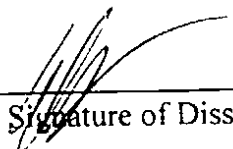
211000131678

3. The date this member/manager withdrew/resigned or will withdraw/resign is: NOV 12 2021

4. I, Ellen Spitzer, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGRI
(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)