Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FLOYD, SAMMONS & SPANJERS, P.A.

Account Number : 076726003533 Phone : (863) 293-3801 Fax Number : (863)294-0976

Enter the email address for this business entity to be used for fullage annual report mailings. Enter only one email address please.

Email Address: Sizemore-cerdanis tampa

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Electronic Filing Menu

Corporate Filing Menu

Help





FLORIDA DEPARTMENT OF STATE

DIVISION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY:

		y as it appears on the records of the Florida Department
2. The Florida docu	ment/registration numbe	er assigned to this limited liability company is:
L1200001294	4	A Commence of the Commence of
3. The date this me	mber/manager withdrew/	/resigned or will withdraw/resign is: 11-29-2019 [1-27-15]
(Print N	ame of Person Resigning)	, hereby withdraw/resign as a
Manager and		
	(Print Title)	-
resignation in wr		n the limited liability company has been notified of my
Signature of Di	ssociating Member or Re	esigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	