

L12 0000 36326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

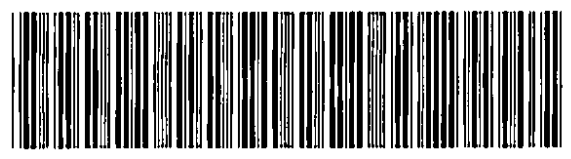
(Business Entity Name)

(Document Number)

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

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REC'D  
CLERK OF STATE  
CORPORATION  
DIVISION  
MAR 11 11 11 AM '20

*Dissociation  
of  
Member*

MAR 09 2020  
D CUSHING

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

123 State Street, I.L.C

**SUBJECT:** \_\_\_\_\_  
(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:

Lisa Letizio

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

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

3001 W San Rafael St

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

Tampa, FL 33629

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

For further information concerning this matter, please call:

Lisa Letizio

727- 460-2315

\_\_\_\_\_  
(Name of Contact Person) at (\_\_\_\_\_) \_\_\_\_\_  
(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

20 SEP 11 PM 4:44

RECEIVED  
STATE  
CORPORATION  
DIVISION



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  
123 State Street, LLC  
of State is: \_\_\_\_\_

2. The Florida document/registration number assigned to this limited liability company is:  
L12000036326  
\_\_\_\_\_

2/7/2020

3. The date this member/manager withdrew/resigned or will withdraw/resign is: \_\_\_\_\_  
Lisa Letizio

4. I, \_\_\_\_\_, hereby withdraw/resign as a

(Print Name of Person Resigning)

MGR

\_\_\_\_\_  
(Print Title)

FILED  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2020 FEB 10 PM 4:44

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)