

42000054644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

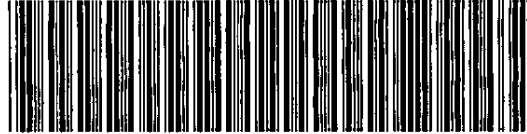
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 OCT -6 AM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 07 2015
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BEST NAPLES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael L. Michetti

Name of Person

Woods, Weidenmiller, Michetti & Rudnick, PL

Firm/Company

9045 Strada Stell Court, Fourth Floor

Address

Naples, FL 34109

City/State and Zip Code

mmichetti@lawfirmnaples.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Janine Monfort

Name of Person

at (239)

Area Code

641-0990

Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



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: BEST NAPLES LLC

2. The Florida document/registration number assigned to this limited liability company is:
L12000054644

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/30/15

4. I, Karen D. Rudick, hereby withdraw/resign as a
(Print Name of Person Resigning)

Managing Member/Member
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Karen D Rudick

Signature of Dissociating Member or Resigning Manager

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

FILED
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TALLAHASSEE, FLORIDA