

L12000126149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

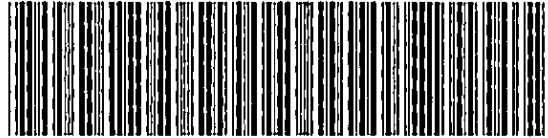
(Business Entity Name)

(Document Number)

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

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06/26/19--01017--D.G. \$455.00

19 JUN 26 PM 3:55  
CLERK OF SUPERIOR COURT  
JULIA A. STALE

disc. of member

JUL 09 2019

D CUSHING

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

SUBJECT: SEM FAMILY HOLDINGS, 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:

KELLY CONWAY MIX  
(Contact Person)

SEM FAMILY HOLDINGS, LLC  
(Firm/Company)

Po Box 3464  
(Address)

MILTON, FL 32572  
(City/State and Zip Code)

For further information concerning this matter, please call:

CHARLES G. CHRISTENSEN (404) 421-5587  
(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

19 MAY 20 04 3:56



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: SEM FAMILY HOLDINGS LLC

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

L12000126149

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6-30-2019

4. I, RISA S. DORIA, 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.

X Risa S. Doria  
Signature of Dissociating Member or Resigning Manager

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

19 JUN 26 PM 3:56  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA