

h12 000140288

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

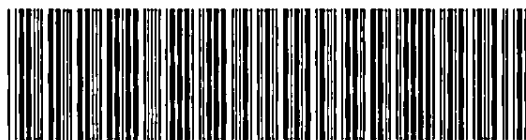
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 SEP -7 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FL

1 232



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2321 SEP -7 AM 10:58

August 31, 2021

NIOLAOS SOLOMOS
3020 NE 57TH COURT
FT LAUDERDALE, FL 33308

SUBJECT: 915 SE 22ND AVENUE, LLC
Ref. Number: L12000140288

We have received your document for 915 SE 22ND AVENUE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Brumbley
Regulatory Specialist II

Letter Number: 621A00020940

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 915 SE 22ND AVENUE, 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:

SOLOMOS, NIKOLAOS

(Contact Person)

3020 NE 57TH COURT

(Firm/Company)

(Address)

FORT LAUDERDALE, FL 33308

(City/State and Zip Code)

For further information concerning this matter, please call:

SOLOMOS, NIKOLAOS

(Name of Contact Person)

at 954 829-7677
()
(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee *(previously paid)* ☐ \$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

**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: 915 SE 22ND AVENUE, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L12000140288

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/17/2021

4. I, GERASIMOS SOLOMOS, 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.

Gerasimos E. Solomos
Signature of Dissociating Member or Resigning Manager

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

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