

L13000038922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

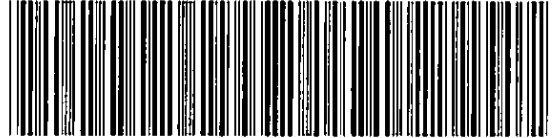
(Document Number)

Certified Copies _____

Certificates of Status _____

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

2024 MAY 22 AM 10:54

FILED



JUAN C. BURGOS
ATTORNEY & COUNSELOR AT LAW
Law Offices of Juan C. Burgos, P.L.L.C.

May 14, 2024

SENT VIA PRIORITY MAIL
WITH DELIVERY CONFIRMATION:
9405 5036 9930 0686 9948 90

FLORIDA DIV OF CORPORATIONS
Registration Section
PO Box: 6327
Tallahassee, FL. 32314.

Re: Resignation of Managing Member
Perrywinkles Super 1, LLC.

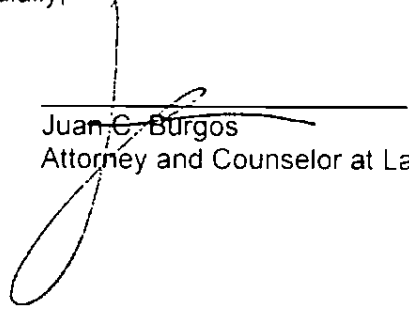
ACTION / RESPONSE REQUESTED

To whom it may concern,

Attached to this letter please find Cover Letter, and signed Dissociation or Resignation of Member for the above-mentioned Limited Liability Company Perrywinkles Super 1, LLC. Whose registration number is L13000038922. I am also enclosing the required \$25.00 check to cover the associated fee.

Thank you for your anticipated attention regarding this matter.

Cordially,



Juan C. Burgos
Attorney and Counselor at Law

EnclosuresJCB

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Perrywinkles Super 1, 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:

Juan C. Burgos, Esq

(Contact Person)

Law Offices of Juan C. Burgos, P.L.

(Firm/Company)

PO BOX 621885

(Address)

Orlando, FL 32828

(City/State and Zip Code)

For further information concerning this matter, please call:

Juan C. Burgos

(Name of Contact Person)

407

at ()

505-4190

(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



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: Perrywinkles Super 1, LLC

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

L13000038922

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/28/2023

4. I, Nicole A. Perry, hereby withdraw/resign as a
(Print Name of Person Resigning)

AMBR

(Print Title)

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

N Perry

Signature of Dissociating Member or Resigning Manager

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

FILED
2024 MAY 22 AM 10:54
TALLAHASSEE, FLORIDA