

L13000038943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

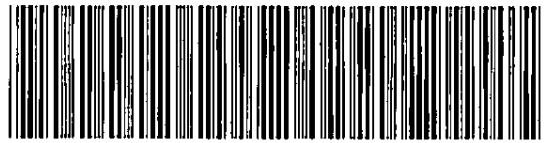
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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U /22, 24--H1007--LE9 *\$CL.00

FILED
2024 MAY 22 AM 10:57
TALLAHASSEE, FLORIDA



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

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 2, LLC.

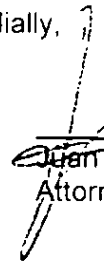
ACTION / REPONSE REQUESTED

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 2, LLC. Whose registration number is L13000038993. 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

EnclosuresWCB

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Perrywinkles Super 2, 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

at (407) 505-4190

(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

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 2, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L13000038993

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.

Nery

Signature of Dissociating Member or Resigning Manager

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

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TALLAHASSEE, FLORIDA