

L13 000043610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

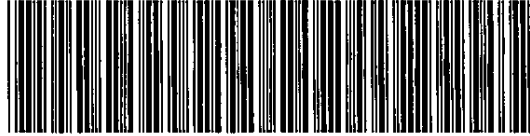
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 JUL 18 P 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 19 2013
BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C. Serrano & Associates, 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:

Basel A. Zacur, Esq.

(Contact Person)

Law Office of Basel A. Zacur

(Firm/Company)

300 NW 70th Avenue, Suite 301

(Address)

Plantation, Florida 33317

(City/State and Zip Code)

For further information concerning this matter, please call:

Basel Zacur

(Name of Contact Person)

at (954) 249-8695
(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

CR2E079 (2/14)

2016 JUL 18 P 12:50
JUL 18 2016
TALLAHASSEE, FLORIDA

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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: C. Serrano & Associates, LLC
2. The Florida document/registration number assigned to this limited liability company is:
L13000043610
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7/13/16
4. I, Shari LePage, 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.

Shari LePage

Signature of Dissociating Member or Resigning Manager

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

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TALLAHASSEE, FLORIDA

L13000043610

Statement of Facts:

STATE OF FLORIDA
COUNTY OF BROWARD

On this day personally appeared SHARI R. LEPAGE, who upon being duly sworn deposes and says:

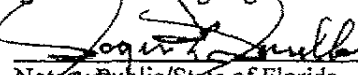
1. Ms. LePage knew Cesar Serrano from January 2013 to June 2013. Unfortunately due to her mother's passing she was not clearly making the right decisions and agreed to allowing Mr. Serrano to start "C. Serrano & Associates, LLC" listing her as manager at her address as the business location in March 2013.
2. The next months, March 2013, April 2013, May 2013 and June, 2013 Mr. Serrano used her weakened emotional state to prey and dupe my client. Ms. LePage had agreed to be a partner in the forming of the LLC. Ms. LePage invested all of her money into this endeavor. Again, Ms. LePage was clearly not making the right decisions.
3. In July 2013, Ms. LePage requested that Mr. Serrano never return to her address because Ms. LePage started demanding financial documentation from Mr. Serrano showing the performance of the LLC. He failed to respond and she cancelled all of her credit cards and closed every bank account she owned in fear of Mr. Serrano. There was never an operating agreement in force and the LLC was dissolved.
4. Ms. LePage had to file a Chapter 13 bankruptcy due to these bad decisions. She is currently in a five year open Federal Chapter 13 Bankruptcy since 2014 and has absolutely no affiliation with "C. Serrano & Associates".
5. Ms. LePage has not spoken with, nor seen, nor corresponded with Mr. Serrano since August of 2013 wherein she wrote to him a demand letter requesting he return all her money. She has never allowed him back to that address. He never returned any of her money.
6. There is absolutely no business, nor an LLC located at my client's home address of 3001 West Rolling Hills Circle, Unit 606, Davie, Florida 33328.

Signed this 21st day of July, 2016.


SHARI R. LEPAGE, Affiant

NOTARY ACKNOWLEDGEMENT

The foregoing instrument was acknowledged before me this 21st day of July, 2016, by SHARI R. LEPAGE, who is personally known to me and acknowledged that the foregoing is true and correct to the best of her knowledge and belief.


Notary Public/State of Florida
My Commission Expires

