

**LB 0000 76/45**  
**P96 0000 28121**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

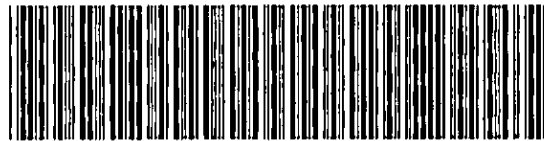
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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Office Use Only



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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MPOWER OF CENTRAL FLORIDA, 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:

William Schroeder, Personal Representative

\_\_\_\_\_  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

3 Creekview Way

\_\_\_\_\_  
(Address)

Ormond Beach, FL 32174

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

William Schroeder at (386) 527-0393  
\_\_\_\_\_  
(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: MPOWER OF CENTRAL FLORIDA, LLC

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

P96000028121

L130000 76145

3. The date of death ~~of this member/manager withdrew/resigned or will withdraw/resign~~ is: 10/30/2020

4. I, Mark A. Vandevender, deceased ~~thereby withdraw/resign~~  
(Print Name of Person Resigning)

Sole member/director MGRM

(Print Title)

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

William Schroeder, Pers. Rep. Estate of Mark A. Vandevender

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)

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