

L130000120385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

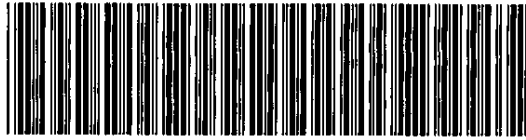
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200271701982

04/15/15--01008--006 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 MAY -4 AM 8:29

Res/mgr
@ 5/4/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Return to Retro, 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:

Peter T Gogan
(Contact Person)

Return to Retro, LLC
(Firm/Company)

2319 Weber St.
(Address)

Orlando, FL 32803
(City/State and Zip Code)

For further information concerning this matter, please call:

Peter T Gogan at (407) 694.1585
(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

\$35 check previously provided, please use check

STREET/COURIER ADDRESS: *\$ refund difference*
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 15, 2015

PETER T. GOGAN
RETURN TO RETRO LLC
2319 WEBER ST
ORLANDO, FL 32803

SUBJECT: RETURN TO RETRO LLC
Ref. Number: L13000120385

We have received your document for RETURN TO RETRO 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):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 715A00007521

RECEIVED
15 MAY -4 PM 12:47
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 MAY -4 AM 8:29

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: Return to Retro, LLC

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

L13000120385

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/01/15

4. I, Megan L Monesmith, hereby withdraw/resign as a
(Print Name of Person Resigning)

MEMR
(Print Title)

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

Megan L Monesmith
Signature of Dissociating Member or Resigning Manager

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