

L14 000031419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

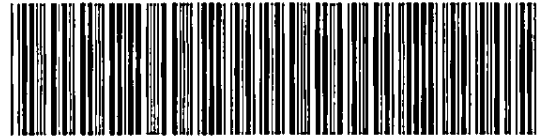
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400367885094

*Resignation or dissociation
of manager/member*

06/11/21--01014--016 **260.00

2021 JUN 11 PM 12 11
SECRETARY OF STATE
TALLAHASSEE FL 32301

FILED

JUL 15 2021

A RAMSEY

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Port Hope, 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:

Emily J. Phillips
(Contact Person)

Phillips Lanier, PLLC
(Firm/Company)

2 South Biscayne Blvd. #2300
(Address)

Miami, Florida 33131
(City/State and Zip Code)

For further information concerning this matter, please call:

Emily J. Phillips at (305) 350-5294
(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



FILED

2027 JUN 11 PM 12 11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Port Hope, LLC

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

L14000031419

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

4. I, Regina Caballero, 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.

X Regina PadodeCaballero
Signature of ~~Dissociating Member or Resigning Manager~~

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