

L14000094690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

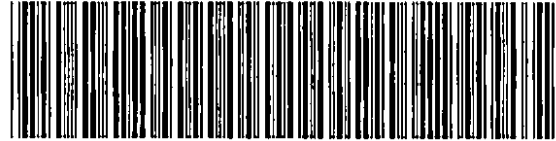
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500355249205

11/18/20--01021--003 \*\*75.00

11/18/20

11/18/20

ALBRITTON

11/18/20

ALBRITTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Steamboat Landing 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:

Curtis McKinney

(Contact Person)

Steamboat Landing LLC.

(Firm/Company)

2112 W. New Haven Ave.

(Address)

West Melbourne Florida 32904

(City/State and Zip Code)

For further information concerning this matter, please call:

Curtis McKinney

(Name of Contact Person)

at ( )

**321-480-8459 Mb. #  
321-727-0059 Office**

(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: STEAMBOAT LANDING, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L14000094690

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/16/2020

4. I, Miklos J. Hegyi, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MGR

*(Print Title)*

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

*Miklos Hegyi*

\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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