

L14000 102611

(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



000291074140

10/17/16--01028--006 \*\*25.00

2016 OCT 17 P 3:49  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED

S Warren

OCT 18 2016

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Mandeville 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:

Rebekah Mandeville  
(Contact Person)

Mandeville LLC  
(Firm/Company)

428 N. Lemon Ave  
(Address)

Sarasota, FL 34236  
(City/State and Zip Code)

For further information concerning this matter, please call:

Rebekah Mandeville at (941) 961-4252  
(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

**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



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: Mandeville LLC

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

L14000102611

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/8/2016

4. I, Chris R. Belvin, 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.

[Signature]  
Signature of Dissociating Member or Resigning Manager

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

FILED  
2016 OCT 17 P 3:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA