

LI4000 161 628

(Requestor's Name)

(Address)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECURITY OF STATE  
TALLahassee, Florida

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T SCHROEDER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 1316 HARBORVIEW DRIVE, 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:

KATE MESIC  
\_\_\_\_\_

(Contact Person)

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

6550 ST AUGUSTINE RD #305  
\_\_\_\_\_

(Address)

JACKSONVILLE, FL 32217  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

KATE MESIC at ( 904 ) 619-2510  
\_\_\_\_\_  
(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: 1316 HARBORVIEW DRIVE, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L14000161628

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6-26-19

4. I, KYUNG BISHOP, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MEMBER

*(Print Title)*

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

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

**FILED**  
**19 SEP 10 AM 9:18**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA