

L14000194592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

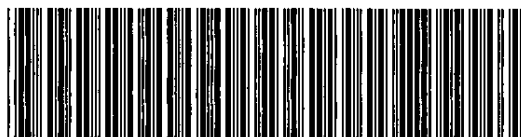
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 MAR - 2 AM 11:58

MAR 10 2015  
T. CARTER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Orangeland Enterprises, 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:

Christopher Roper

(Contact Person)

(Firm/Company)

4801 9th Street South

(Address)

Saint Petersburg, FL 33705

(City/State and Zip Code)

For further information concerning this matter, please call:

Christopher Roper

at ( 727 ) 698-1400

(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



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TALLAHASSEE, FLORIDA

15 MAR -2 AM 11:58

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: Orangeland Enterprises, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L14000194592

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 2-27-2015

4. I, Christopher Roper, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MGRM

(Print Title)

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

Christopher Roper

Signature of Dissociating Member or Resigning Manager

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

P11000056961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

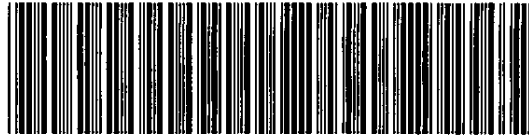
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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03/02/15--01012--021 \*\*35.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 MAR -2 AM 9:41

MAR 10 2015  
T. CARTER

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Flee + Inspections Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P11 000056961

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeff Span.  
(Name of Person)

Flee + Inspections Inc.  
(Name of Firm/Company)

111 SW 10<sup>th</sup> Street.  
(Address)

Hallandale Beach, FL 33009.  
(City/State and Zip Code)

For further information concerning this matter, please call:

Glen Robbins at ( 754 ) 224 7042  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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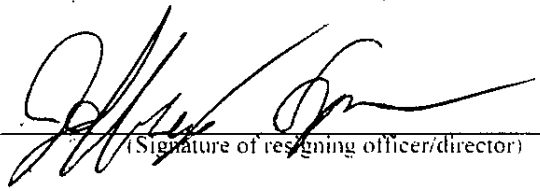
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Jeff Spun, hereby resign as President  
(Title)

of Fleet Inspection  
(Name of Corporation)

P 11 000056961, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314