

L1500000 6481

(Requestor's Name)

(Address)

(Address)

Vicuna Allen, LLC

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

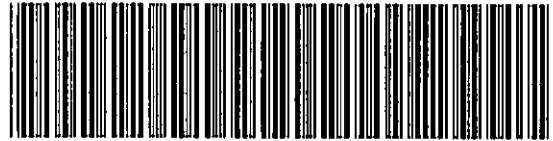
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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L15-6481

dissot member
Barbara Allen

05/08/18--01021--007 **25.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2018 APR 20 PM 12:53

N. CAUSSEAU

APR 23 2018

215-6481

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vicuna Allen, 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:

Tim Allen

(Contact Person)

(Firm/Company)

550 Okeechobee Boulevard, Unit 526

(Address)

West Palm Beach, Florida 33401

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Contact Person)

at ()

(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

March 20, 2018

TIM ALLEN
550 OKEECHOBEE BLVD., UNIT 526
WEST PALM BEACH, FL 33401

SUBJECT: VICUNA ALLEN, LLC
Ref. Number: L15000006481

We have received your document for VICUNA ALLEN, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 418A00005519



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

RECEIVED
2018 MAR 19 AM 10:16
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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: Vicuna Allen, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L15000006481

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1/31/2015

4. I, Barbara Allen, 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.

Barbara Allen
Signature of Dissociating Member or Resigning Manager

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

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