L15000046024

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	
, (Document Number)		
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K.SALY EXAMINER DEC - 4 2015



November 6, 2015

GENOA'S HEROES, LLC BRITTANY MORELLI 131 N WOODLAND BLVD. DELAND, FL 32720

SUBJECT: GENOA'S HEROES LLC

Ref. Number: L15000046024

We have received your document for GENOA'S HEROES LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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.

Karen A Saly Regulatory Specialist II

Letter Number: 415A00023557



COVER LETTER

CR2E079 (2/14)

	egistration Section vision of Corporations		
SUBJEC	T: GENOA'S HEROES, LLC		
		ited Liability Con	npany)
The enclo	sed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please ret	urn all correspondence concerning t	this matter to:	
BRITTAI	NY MORELLI		
	(Contact Person)	· · · · · · · · · · · · · · · · · · ·	_
GENOA'	S HEROES, LLC		
	(Firm/Company)		_
131 N W	OODLAND BLVD		
	(Address)		-
DELAND), FL 32720		
	(City/State and Zip Code)		-
For furthe	r information concerning this matte	r, please call:	
BRITTAI	NY MORELLI	954 at (214-9858
	(Name of Contact Person)		& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\Begin{align*} \Boxed* \$\\$ \$25\$ Filing Fee & Certified Copy \$\Boxed* \$\			
	/COURIER ADDRESS:		MAILING ADDRESS: Registration Section
_	of Corporations		Division of Corporations
Clifton Bu	ıilding		P.O. Box 6327
	cutive Center Circle ce, Florida 32301		Tallahassee, Florida 32314







DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appears on the records of the Florida Department IOA'S HEROES LLC
2. The Florida doct	ument/registration number assigned to this limited liability company is:
	mber/manager withdrew/resigned or will withdraw/resign is: OCTOBER 28,
4. I, ROSEMARIE	, hereby withdraw/resign as a //ame of Person Resigning)
AMBR	
	(Print Title)
resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)