

15 0000 75384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

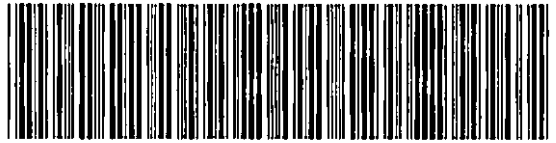
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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20 JAN -2 PM 2:28
DEPT. OF STATE
DIVISION OF CORPORATION

JAN 30 2020
C. M. HARR

COVER LETTER

TO: Registration Section
Division of Corporations

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
20 JAN -2 PM 2:28

SUBJECT: 8950 PARK BLVD #203, 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:

MICHAEL BRAVE

(Contact Person)

8950 PARK BLVD #203, LLC

(Firm/Company)

1517 GRAY ST S

(Address)

GULFPORT, FL 33707

(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL BRAVE at (727) 674-3008

(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

20 JAN -2 PM 2:28
DIVISION OF CORPORATIONS
STATE OF 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: 8950 PARK BLVD #203, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L15000075384

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/29/2019

4. I, MICHELE BRAVE, hereby withdraw/resign as a
(Print Name of Person Resigning)
MGR & Authorized Representative
(Print Title)

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

Michele Brave
Signature of Dissociating Member or Resigning Manager

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

*State of Florida
County of Pinellas
The foregoing instrument was acknowledged
before me this 29th December 2019 by
Michele Brave,
Produced FLDL BG10-540-43-869-0 as
identification.*

Lea Kubic Wajda

