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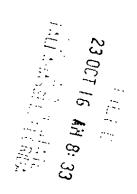
| (Requestor's Name)                      |                |  |
|---|----------------|--|
| (Address)                               |                |  |
| (Address)                               |                |  |
| (City/State/Zip/Phone #)                | <u></u>        |  |
| PICK-UP WAIT N                          | 1AIL           |  |
| (Business Entity Name)                  |                |  |
| (Document Number)                       |                |  |
| Certified Copies Certificates of Status |                |  |
| Special Instructions to Filing Officer: |                |  |
| J. H.<br>OCT 2                          | ORNE<br>5 2023 |  |
|   |                |  |

Office Use Only



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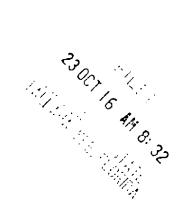
## **COVER LETTER**

Registration Section

TO:

**Division of Corporations** HOTEL LAKE PLACID LLC SUBJECT: (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: Rick Franzblau, Esq. (Contact Person) Richard Franzblau LLC (Firm/Company) 3505 Lake Lynda Drive, Suite 200 (Address) Orlando, FL 32817 (City/State and Zip Code) For further information concerning this matter, please call: at (\_\_\_\_\_) 595-1826 (Area Code & Daytime Telephone Number) Rick Franzblau, Esq. (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy **\$25** Filing Fee Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303





## 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)

|           | ame of the limited liability company and LIMAJ LLC te is: | as it appears on the records of the Florida Department |
|-----------|---|--|
|           |   | assigned to this limited liability company is:         |
| 3. The da | ate this member/manager withdrew/re                       | esigned or will withdraw/resign is:                    |
| 4. I      | JAMIL KASSAM (Print Name of Person Resigning)             | , hereby withdraw/resign as a                          |
|           | (Print Name of Person Resigning)  MANAGER                 |  |
|           | (Print Title)   |  |
|           | limited liability company and affirm tion in writing.     | the limited liability company has been notified of my  |
| Sigh      | iture of Dissociating Member or Resi                      | gning Manager  |

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: