

12/02/2021 16:39

(FAX)

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Division of Corporations

L1500091187
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : J.KEVIN DRAKE,P.A.
Account Number : I20020000002
Phone : (941)954-7750
Fax Number : (941)951-1509

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 DEC -2 AM 11:00

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ARLINGTON CONDOMINIUM DEVELOPERS, II, L.L.C.**

Certificate of Status	0
Certified Copy	1
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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

(((H 21000440823 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARLINGTON CONDOMINIUM DEVELOPERS II, L.L.C.
(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:

J. KEVIN DRAKE, ESQ.

(Contact Person)

J. KEVIN DRAKE, P.A.

(Firm/Company)

1432 FIRST STREET

(Address)

SARASOTA, FLORIDA 34236

(City/State and Zip Code)

For further information concerning this matter, please call:

J. KEVIN DRAKE, ESQ.

(Name of Contact Person)

at 941 954-7750
(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

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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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: ARLINGTON CONDOMINIUM DEVELOPERS II, L.L.C.
2. The Florida document/registration number assigned to this limited liability company is:
L15000091187
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12-1-2021
4. I, JERRY BANKS, hereby withdraw/resign as a
(Print Name of Person Resigning)
MANAGER
(Print Title)

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

Jerry Banks
Signature of Dissociating Member or Resigning Manager

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

FILED
2021 DEC -2 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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