L15000 107625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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# COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 111 LASSO DRIVE 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:

KATE MESIC, ESQUIRE
(Contact Person)

LAW OFFICES OF KATE MESIC, PA
(Firm/Company)

6550 ST. AUGUSTINE ROAD, SUITE 305
(Address)

JACKSONVILLE, FL 32217
(City, State and Zip Code)

For further information concerning this matter, please call:

KATE MESIC at ( 904 ) 619-2510
(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

CR2E079 (2-11)

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

(Pursuant to Section 605.0407, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: 111 LASSO DR LLC

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

L15000107625

3. The date this member, manager withdrew, resigned or will withdraw or resign is: 6/26/19

4. I, KYUNG BISHOP, hereby withdraw, resign or
*(Print Name of Person Resigning)*

MANAGER/MEMBER
*(Print Title)*

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

Signature of Person Withdrawing, Member or Resigning Manager

Filing Fee $25.00 Returned

Certified Copy $30.00 (Optional)

FILED
2019 JUL 15 AM 11:19