

# L15000121315

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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FILED  
17 MAY 31 AM 7:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT: SERPASS 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:  
Mark Petite, Esq.

(Contact Person)

(Firm/Company)

4475 Canty Hill Road

(Address)

Canty Hill Road, Tully, New York 13159

(City/State and Zip Code)

For further information concerning this matter, please call:

Mark Petite at (315)696 5555

(Name of Contact Person)  
Telephone Number)

(Area Code & Daytime

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:      MAILING ADDRESS:**

Registration Section      Registration Section  
Division of Corporations      Division of Corporations  
Clifton Building      P.O. Box 6327  
2661 Executive Center Circle      Tallahassee, Florida 32314 Tallahassee, Florida  
32301

CR2E079 (2/14)



**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)

17 MAY 31 AM 7:18  
STATE DIVISION OF STATE  
TALLAHASSEE, FLORIDA

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: SERPASS LLC
2. The Florida document/registration number assigned to this limited liability company is:  
  
L15000121315
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1 June 2017
4. I, Lorann Morse, hereby withdraw/resign as a

Manager:  
(Print Title)

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



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Signature of Dissociating Member or Resigning Manager

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

CR2E079 (2/14)

11:51  
17 MAY 31 AM 7:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA