

L15000 124844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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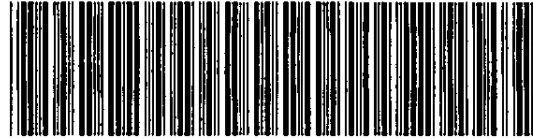
(Business Entity Name)

(Document Number)

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03/28/18--01006--019 \*\*55.00

18 MAR 28 PM 12:20

J. LEGGETT  
MAR 29 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 1029 Apollo Beach Blvd., 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:

Marie Nichole Warechak-Sherwood

(Contact Person)

1029 Apollo Beach Blvd., LLC

(Firm/Company)

1029 Apollo Beach Blvd. Unit 3

(Address)

Apollo Beach, FL 33572

(City/State and Zip Code)

For further information concerning this matter, please call:

Marie Nichole Warechak-Sherwood

(Name of Contact Person)

at ( ~~813~~ 813 ) ~~385-5515~~ 679-2418  
(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

**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: 1029 Apollo Beach Blvd., LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L15000129844

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 02/28/18

4. I, Robert Sherwood, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Managing Member  
*(Print Title)*

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

Signature of Dissociating Member or Resigning Manager

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

18 MAR 28 PM 12:20  
Filing Office of the Secretary of State