15000139243

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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Office Use Only	



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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 9, 2019

KARIN VANGURA 109 TEAL POINTE LANE PONTE VEDRA BEACH, FL 32082

SUBJECT: DEUTSCHE HOLDINGS, LLC Ref. Number: L15000139243

We have received your document for DEUTSCHE HOLDINGS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to list the date of resignation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 719A00020800

www.sunbiz.org



COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Deutsche Holdings, 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:

Karin Vangura

(Contact Person)

Deutsche Holdings, LLC

(Firm/Company)

109 Teal Pointe Lane

(Address)

Ponte Vedra Beach, FL 32082

(City/State and Zip Code)

For further information concerning this matter, please call:

 Karin Vangura
 904
 451-4923

 (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 Certified Copy

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (2/14)

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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 Departm of State is: _____
- 2. The Florida document/registration number assigned to this limited liability company is: L15000139243
- 3. The date this member/manager withdrew/resigned or will withdraw/resign is:
- 4. 1, ______, hereby withdraw/resign as a ______.

Authorized Member

(Print Title)

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

Carrier Dange-

Signature of Dissociating Member or Resigning Manager

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

CR2E079 (2/14)

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