

L15000147537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

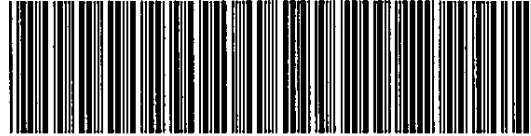
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

Starkey

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Foresses 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:

Justin Blumenthal
(Contact Person)

Foresses LLC
(Firm/Company)

4062 41st Ave North #A
(Address)

St. Petersburg, FL 33714
(City, State and Zip Code)

For further information concerning this matter, please call:

Justin Blumenthal at 775, 276 2837
(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

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TALLAHASSEE, FLORIDA



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: FORESSES LLC

2. The Florida document/registration number assigned to this limited liability company is: L15000147537

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/15/16

4. I, Justin Blumenthal, hereby withdraw/resign as a
(Print Name of Person Resigning)

AMBR

(Print Title)

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

[Signature]
Signature of Dissociating Member or Resigning Manager

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TALLAHASSEE, FLORIDA

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