

L15000 149 905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

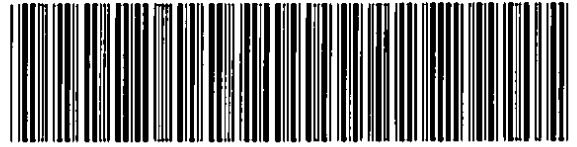
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEATTLE
FALL ALBERTON

Resignation

MAR 19 2020
ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

PORTSMOUTH 133 ISLINGTON, LLC

SUBJECT: _____
(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:

LISA LETIZIO

(Contact Person)

(Firm/Company)

3001 W SAN RAFAEL STREET

(Address)

TAMPA, FL 33629

(City/State and Zip Code)

For further information concerning this matter, please call:

LISA LETIZIO

727

460-2315

(Name of Contact Person) at (_____) _____
(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

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 9, 2020

LISA LETIZIO
3001 W. SAN RAFAEL STREET
TAMPA, FL 33629

SUBJECT: PORTSMOUTH 133 ISLINGTON, LLC
Ref. Number: L15000149905

We have received your document for PORTSMOUTH 133 ISLINGTON, 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 in the space provided.

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: 320A00005210



FILED
2020 MAR 19 PM 6:27
SECRETARY OF STATE
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
PORTSMOUTH 133 ISLINGTON, LLC
of State is: _____

2. The Florida document/registration number assigned to this limited liability company is:
L15000149905


3. The date this member/manager withdrew/resigned or will withdraw/resign is: 3/1/2020
LISA A. LETIZIO

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

MGR

(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)