L15000177523

(Requestor's Name)		
(Address)		
,		
(Address)		
(City/State/Zip/Phone #)		
(City/State/Zip/Filotie #)		
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12/18/23--01017--005 **25.00



COVER LETTER

Division of Corporations SUBJECT: POMPANO PROPERTY MANAGEMENT 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: Sam Meersohn (Contact Person) (Firm/Company) 9045 La Fontana BLVD #204a (Address) Boca Raton FL 33433 (City/State and Zip Code) For further information concerning this matter, please call: Sam (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy **Mailing Address:** Street Address: Registration Section **Registration Section Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO:

Registration Section



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 t	the limited liability company	as it appears on the records of the Florida Department
of State is: PC	OMPANO PROPERTY MANAGE	MENT LLC
2. The Florida d	ocument/registration number	assigned to this limited liability company is:
L15000177523	;	·
3. The date this	member/manager withdrew/re	esigned or will withdraw/resign is: 12/15/2023
4. I. Shmuel Meer		, hereby withdraw/resign as a
(Prin	nt Name of Person Resigning)	
MGR		
(Print Title)		70,
of this limited resignation in	liability company and affirm writing.	the limited liability company has been notified of my
<u> </u>	Meerson	gning Manager 72.
Signature of	Dissociating Member or Resi	gning Manager
Filing Fee:	\$25.00 (Required)	

\$25.00 (Required)

\$30.00 (Optional)

Certified Copy: