

L16 000012790

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

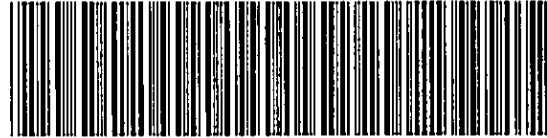
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

3/2/21

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

75311 - 11 PM 2:07

January 22, 2021

DONALD STEWART  
STR8LINECUSTOMTILE, LLC  
12001 ROCK BROOK RUN #1902  
FORT MYERS, FL 33913

SUBJECT: STR8LINECUSTOMTILE, LLC  
Ref. Number: L16000012790

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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.

Susan Tallent  
Regulatory Specialist II

Letter Number: 421A00001488

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Str8line Custom Tile, 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:

Donald Stewart  
(Contact Person)

Str8 line Custom Tile, LLC  
(Firm/Company)

12001 Rock Brook Run  
(Address)

Fort Myers FL 33913  
(City/State and Zip Code)

For further information concerning this matter, please call:

Donald Stewart at ( 239 ) 271-8686  
(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

**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

**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: Strobline Custom Tile, LLC

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

✓ 16000012796

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 2/26/21

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

Admin - AMBA  
(Print Title)

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

Philip Angat

Signature of Dissociating Member or Resigning Manager

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

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