

L16000023114

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

MAR -6 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Pine Key Preservation Group, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

June R. Wheeler  
Name of Person

Firm/Company

3606 Goff Haven Terrace  
Address

Sebring FL 33872-8404  
City/State and Zip Code

june.wheeler@centurylink.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

June Wheeler at ( 863 ) 471-0444  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee      ☐ \$30.00 Filing Fee & Certificate of Status      ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

STREET/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



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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

of State is: Pine Key Preservation Group LLC

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

L 16000023114

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1/1/2017

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

Joy A. Orlando President  
(Print Title)

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

Joy A. Orlando

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)