L16000053018

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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FÄLLAHASSEELFLORIDA

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COVER LETTER

TO: Regis	stration Section			
Divis	sion of Corporations			
SUBJECT:	LECA OF VERO LLC			
	(Name of Limited Liability Company)			
The enclosed	I member, resignation or dissoc	ation and fee(s) are submitted for	filing.	
Please return	all correspondence concerning	this matter to:		
BIRAN HERN	NDON			
	(Contact Person)			
BIRAN C. HE	RNDON PA			
	(Firm/Company)			
916 20TH PLA	ACE			
	(Address)			
VERO BEACI	H, FL 32960			
	(City/State and Zip Code)			
For further in	nformation concerning this matt	er, please call:		
BIRAN HERN		772 324-1206 at ()		
(N	ame of Contact Person)	(Area Code & Daytime Telephon	e Number)	
-	- ·	o the Florida Department of State		
□ \$25 Filing	g Fee	■ \$55 Filing Fee & Certified Co	ру	
	ng Address:	Street Address:		
	stration Section	Registration Section		
	sion of Corporations		Division of Corporations	
	P.O. Box 6327 The Centre of Tall			
Talla	hassee, FL 32314	2415 N. Monroe St	rect, Suite 8	

Tallahassee, FL 32303

CR2E079 (2/14)

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FILED

2024 MAY 22 PM 3: 04

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)

	limited liability company as it appears on the records of the Florida Department OF VERO LLC
2. The Florida docu L16000053078	ment/registration number assigned to this limited liability company is:
3. The date this men	mber/manager withdrew/resigned or will withdraw/resign is:
	, hereby withdraw/resign as a ame of Person Resigning)
MANAGING ME	
	Print Title)
of this limited liab resignation in wri	pility company and affirm the limited liability company has been notified of my iting.
duc	Quidin Char
Signature of Di	ssociating Member or Resigning Manager
_	\$25.00 (Required) \$30.00 (Optional)