

L16 000 101481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

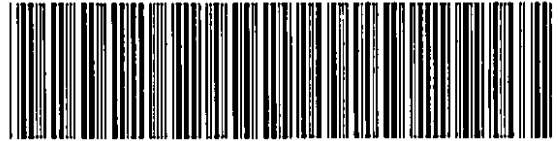
(Business Entity Name)

(Document Number)

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

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Office Use Only



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08/12/21--01012--016 \*\*25.00

08/25/2021

JH

SECRETARY OF STATE  
FALL ARRESTED

2021 AUG 12 AM 1:29

FILED

# Michael P. Haymans

==== ATTORNEY AT LAW, P. A. ====

August 9, 2021

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

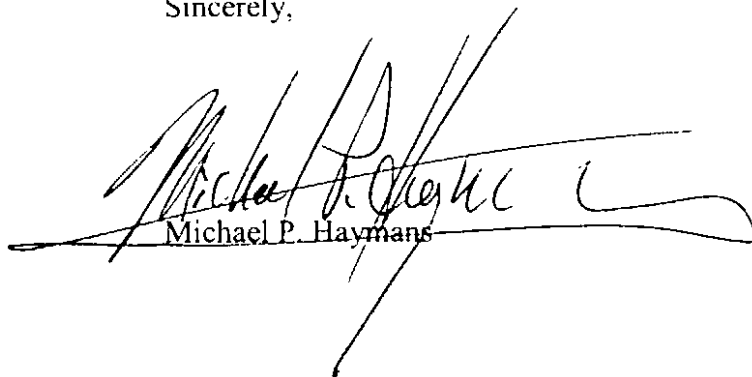
Re: Resignation of Member, Manager/1700 Jamaica Way, LLC/Document Number  
L160000101481

Dear Sir:

Waylon Geuke has resigned his position and Manager and Member of 1700 Jamaica Way, LLC. Enclosed please find the appropriate signed Dissociation or Resignation of Member, Manager from Florida or Foreign Limited Liability Company, along with our firm's check payable to the Florida Department of State in the amount of \$25.00, processing fee for same.

Please call or email with any questions, or update your records and remove Mr. Geuke's name from the record page for this LLC, L160000101481.

Sincerely,



Michael P. Haymans

MPH/lsc  
Enc.

MICHAEL P. HAYMANS ATTORNEY AT LAW, P. A.  
215 West Olympia Avenue  
Punta Gorda, FL 33950  
Phone: (941) 575-0007  
Fax: 575-9177  
[www.mphaymans.com](http://www.mphaymans.com)  
[michael@mphaymans.com](mailto:michael@mphaymans.com)

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 1700 Jamaica Way, 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:

Michael P. Haymans

\_\_\_\_\_  
(Contact Person)

Michael P. Haymans Attorney at Law, P. A.

\_\_\_\_\_  
(Firm/Company)

215 West Olympia Avenue

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

Punta Gorda, FL 33950

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Lori Cavallaro/Michael P. Haymans

\_\_\_\_\_  
(Name of Contact Person)

941

at (\_\_\_\_\_) \_\_\_\_\_

575-0007

(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

FILED

2021 AUG 12 AM 1:29



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: 1700 JAMAICA WAY, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L16000101481

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08/01/2021

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

MANAGER

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

[Signature]  
Signature of Dissociating Member or Resigning Manager

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