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COVER LETTER

TO:	Registration Section	
	Division of Corporations	
SUBJ	ECT: SEMINOLE HEIGHTS GARAG	
	(Name of I	Limited Liability Company)
The e	nclosed member, resignation or diss	ociation and fee(s) are submitted for filing.
Please	return all correspondence concerni	ng this matter to:
KARE	N TAMAYO	
	(Contact Person)	
. =-	(Firm/Company)	
4423 N	FLORIDA AVE	
	(Address)	
ТАМР	A, FLORIDA 33603	
	(City/State and Zip Code)	
For fu	rther information concerning this ma	atter, please call:
KARE	N TAMAYO	at (813) 850 - 7020 (Area Code & Daytime Telephone Number)
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclos	ed please find a check made payable	e to the Florida Department of State for:
= \$ 23	Filing Fee	☐ \$55 Filing Fee & Certified Copy
	Mailing Address:	Street Address:
	Registration Section Division of Corporations	Registration Section
	P.O. Box 6327	Division of Corporations The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303

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SECRETARY OF STATE
TALLAMASSEF, FI

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)

CEN	e limited liability company as it appears on the records of the Florida Department
of State is:	cument/registration number assigned to this limited liability company is:
3. The date this m MARLENE TA	ember/manager withdrew/resigned or will withdraw/resign is: 10 1 2 1 MAYO, hereby withdraw/resign as a
	Name of Person Resigning)
of this limited lia resignation in w	(Print Title) ability company and affirm the limited liability company has been notified of my riting.
Signature of D	issociating Member or Resigning Manager
Filing Fec: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)