

L/7 000 121980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

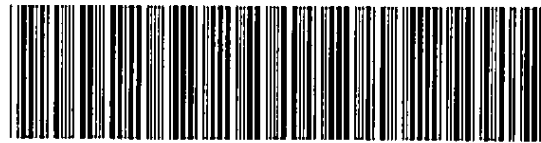
(Document Number)

Certified Copies \_\_\_\_\_

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2021 SEP - 7 AM 8:10

SECRETARY OF STATE  
TALLAHASSEE, FL

SEP - 8 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2021 SEP -7 PM 3:37

August 26, 2021

ISAAC KLEIN  
2875 S OCEAN BLVD STE 200-11  
PALM BEACH, FL 33480

SUBJECT: SIPKLEIN, LLC  
Ref. Number: L17000121980

We have received your document for SIPKLEIN, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We cannot file the document that was received. It cannot be a print out of a picture of the document, The signature of the dissociating member or resigning manager has to be legible.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Catherine M Brumbley  
Regulatory Specialist II

Letter Number: 321A00020534

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sipklein, 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:

Isaac Klein  
(Contact Person)

Sipklein, LLC  
(Firm/Company)

2875 S Ocean Blvd #200  
(Address)

Palm Beach, FL 33480  
(City/State and Zip Code)

For further information concerning this matter, please call:

Isaac Klein at ( 561 ) 400-2085  
(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

*Already paid, see letter*

**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: Sipklein, LLC

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

L17000121980

3. The date this member/manager withdrew/resigned or will withdraw/resign is: July, 31 2021

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

Managing Broker  
(Print Title)

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

Tim Shawe

Signature of Dissociating Member or Resigning Manager

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

FILED  
2021 SEP - 7 AM 8:10  
SECRETARY OF STATE  
TALLAHASSEE, FL