

L17000 154 737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

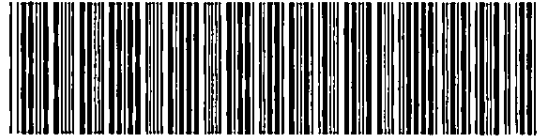
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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04/23/20--01021--025 \*\*25.00

20 APR 23 PM 4:16

FILED  
04/23/20

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

WORLD PREVIEW CENTER REALTY LLC

**SUBJECT:** \_\_\_\_\_  
(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:

BOUNCERVELLO, SONNY B

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

WORLD PREVIEW CENTER REALTY LLC

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

2641 BREAKER LANE

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

KISSIMMEE, FL 34746

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

For further information concerning this matter, please call:

SONNY BOUNCERVELLO

407

456-3152

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



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)

20 APR 23 PM 4:46  
RECEIVED  
DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE

1. The name of the limited liability company as it appears on the records of the Florida Department  
WORLD PREVIEW CENTER REALTY LLC  
of State is: \_\_\_\_\_

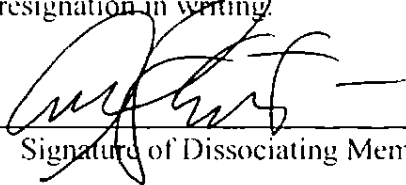
2. The Florida document/registration number assigned to this limited liability company is:  
L170000154737  
\_\_\_\_\_

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/31/2020  
AURA ELTON

4. I, \_\_\_\_\_, 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 of Dissociating Member or Resigning Manager

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