

L17000192784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

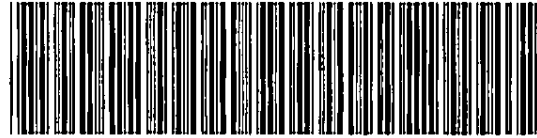
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/29/22--01003--004 **25.00

RECEIVED

MAR 28 2022

2022 MAR 28 AM 7:25
SECRETARY OF STATE
TALLAHASSEE, FL

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O SIMMONS

APR 05 2022

Phone: 305-323-1278
Fax: 954-796-6567
8566 NW 19 Dr
Coral Springs, FL 33071
jand592040@aol.com

Andrews Accountancy LLC

January 14, 2022

To whom it may concern

Dear Sirs
GOLF VACATIONS LLC

We are the external accountants for Golf Vacations, LLC. We can confirm that Susan Barnes has no involvement in this organization and is no longer an owner.

The LLC is now 100% owned by Steven Barnes.

Sincerely

A handwritten signature in black ink that reads "James Andrews". The signature is written in a cursive, flowing style.

James Andrews
President

COVER LETTER

TO: Registration Section
Division of Corporations

Golf Vacations, 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:

Steven Barnes

(Contact Person)

Golf Vacations, LLC

(Firm/Company)

3337 Steeplechase Lane

(Address)

Kissimmee, FL 34746

(City/State and Zip Code)

For further information concerning this matter, please call:

Steven Barnes

407

301-5616

(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



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SECRETARY OF STATE
TALLAHASSEE, FL

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
Golf Vacations, LLC
of State is: _____

2. The Florida document/registration number assigned to this limited liability company is:
L17000192784

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/14/2022
Susan M Barnes

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

(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)