

L17000261654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

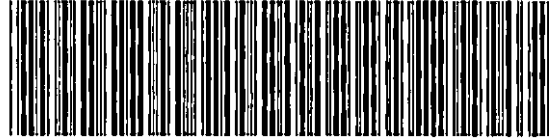
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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MAR 04 2021

S. YOUNG

2021 JAN 21 PM 6:16

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

SAMPSON R. BEAN, 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:

Alecia Andersen

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

Sampson R. Bean, LLC

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

235 3rd Ave N. Apt 453

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

St. Petersburg, FL 33701

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

For further information concerning this matter, please call:

Alecia Andersen

727

286-1286

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

1. The name of the limited liability company as it appears on the records of the Florida Department  
SAMPSON R. BEAN, LLC  
of State is: \_\_\_\_\_

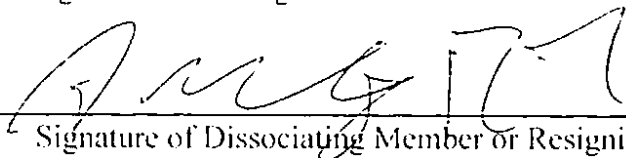
2. The Florida document/registration number assigned to this limited liability company is:  
117000261654  
\_\_\_\_\_

3. The date this member/manager withdrew/resigned or will withdraw/resign is: \_\_\_\_\_  
Thomas Cane, LLC

4. I, \_\_\_\_\_, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
Authorized Member

\_\_\_\_\_  
(Print Title)

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



Alberto Rodriguez

On behalf of Thomas Cane, LLC.

Signature of Dissociating Member or Resigning Manager

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

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