

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L18000049878

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SWAINE, HARRIS & WOHL, P.A.
Account Number : I1998000021
Phone : (863)465-2811
Fax Number : (863)465-6999

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: terri@heartlandlaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BROKEN EGG, LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Broken Egg, 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:

Jocelyn K. Skipper

(Contact Person)

Swaine, Harris & Wohl, P.A.

(Firm/Company)

425 S. Commerce Avenue

(Address)

Sebring, FL 33870-3703

(City/State and Zip Code)

For further information concerning this matter, please call:

Jocelyn K. Skipper

863

385-1549

at ()

(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

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

CR2E079 (2/14)

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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: Broken Egg, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L18000049878

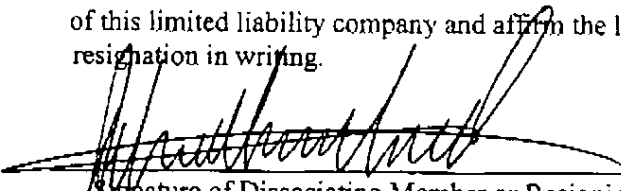
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7/3/2023

4. I, Nikolaos Alexiou a/k/a Nikolasos Alexiou, 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)

CR2E079 (2/14)

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