

L18 0000

53703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

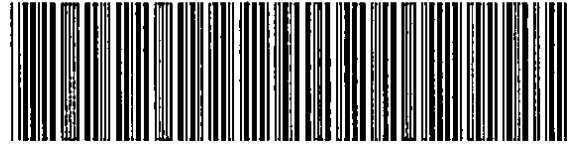
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TALLAHASSEE, FL

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D. BRUCE
AUG 23 2020

COVER LETTER

TO: Registration Section
Division of Corporations

Miller Estates 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:

Tyler Guzzo

(Contact Person)

Miller Estates LLC

(Firm/Company)

6101 Palm Trace Landings Dr. #311

(Address)

Davie, FL 33314

(City/State and Zip Code)

For further information concerning this matter, please call:

Tyler Guzzo 563 271-4506

(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

SECRETARY OF STATE
TALLAHASSEE, FL

2020 JUL 10 AM 8:01

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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: Miller Estates LLC
2. The Florida document/registration number assigned to this limited liability company is: L18000053703
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7/6/2020
4. I, Mike Swynenberg, hereby withdraw/resign as a
(Print Name of Person Resigning)
Agent/Member
(Print Title)

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

DocuSigned by:
Mike Swynenberg
Signature of Dissociating Member or Resigning Manager

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

FILED
2020 JUL 10 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FL