## L18000081653

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(acomoso Limi, raino,				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
<u> </u>				

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: 1122 Rordon, LLC (Name of L	.imited Liability Company)
The enclosed member, resignation or disso	ociation and fee(s) are submitted for filing.
Please return all correspondence concernir	ng this matter to:
Gerald J. Lefebvre	
(Contact Person)	
(Firm/Company)	<del></del>
174 Erie Drive (Address)	
Naples, FL 34110	
(City/State and Zip Code)	
For further information concerning this ma	atter, please call:
Daniel A. Lefebvre (Name of Contact Person)	at (203 ) 623-4217 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable  \$25 Filing Fee	
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

TO:



## 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	s it appears on the records o	of the Florida Department
of State is: <u>1122</u>	Rordon, LLC		
2. The Florida docu	ument/registration number a	ssigned to this limited liabil	lity company is:
L18000081653		·	
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resi	gn is: <u>12/31/20</u>
4. I, Gerald J. Lefeby (Print N	te ame of Person Resigning)	, hereby withdraw/resign as a	
Manager	(Print Title)		
of this limited lial resignation in wri	bility company and affirm the	ne limited liability company	has been notified of my
Signature of Di	ssociating Member or Resig	ning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		2021 FEB -8 PH