

L180000083407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

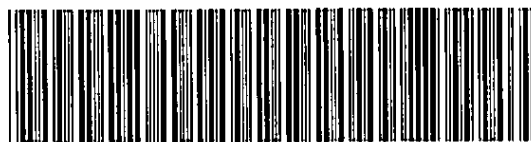
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900364900029

05/10/21 -01026-- 007 \*\*25.00

FILED  
2021 MAY 10 AM 10:43  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Berry Islands, 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:

Perry D. Lasky

(Contact Person)

PDL Aviation Services

(Firm/Company)

2003 Beaver Creek Dr

(Address)

Port Orange, FL 32128

(City/State and Zip Code)

For further information concerning this matter, please call:

Christian Pezalla Esq (Attorney for Perry Lasky) 386 589-2508

(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

QL



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: Berry Islands, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L18000083407

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 15 March 2021

4. I, Perry D. Lasky, 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.

[Signature]  
Signature of Dissociating Member or Resigning Manager

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

FILED  
2021 MAY 10 AM 10:43  
DIVISION OF STATE  
TALLAHASSEE, FLORIDA