

LIB 000086045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

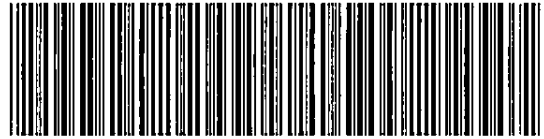
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
AUG - 8 2024

Office Use Only



200433814642

07/30/24--01025--025 **55.00

FILED
2024 JUL 30 PM 1:07

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Villa Victoriana 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:

Rafal Szybowski

(Contact Person)

Villa Victoriana LLC

(Firm/Company)

2780 S Oakland Forest Dr #1806

(Address)

Oakland Park, FL 33309

(City/State and Zip Code)

For further information concerning this matter, please call:

Claire Morineau

954 305-2891
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



2024 JUL 29 1:07

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: Villa Victoriana LLC

2. The Florida document/registration number assigned to this limited liability company is:
118000086045

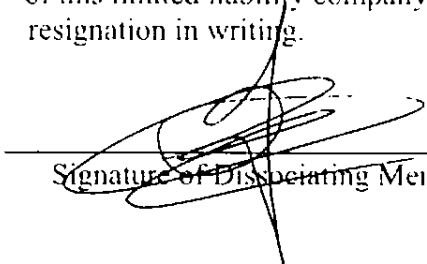
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7/22/2024

4. I, Claire Morineau, 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 of Dissociating Member or Resigning Manager

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

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Villa Victoriana 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:

Rafal Szybowski

(Contact Person)

Villa Victoriana LLC

(Firm/Company)

2780 S Oakland Forest Dr #1806

(Address)

Oakland Park, FL 33309

(City/State and Zip Code)

For further information concerning this matter, please call:

Claire Morineau

954

305-2891

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



2024 JUL 20 PM 1:07

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: Villa Victoriana LLC

2. The Florida document/registration number assigned to this limited liability company is: 118000086045

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7/22/2024

4. I, Claire Morineau, 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 of Dissociating Member or Resigning Manager

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