

L18000208976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

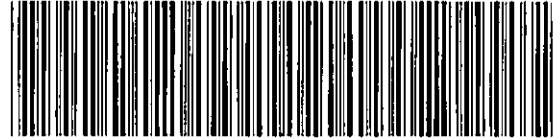
Special Instructions to Filing Officer:

12/27/24

WV

mem  
mgr  
res.

Office Use Only



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FILED

2024 DEC 27 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FL

Signature



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 8, 2024

JOHN T. PAXMAN, ESQUIRE.  
1832 NORTH DIXIE HIGHWAY  
LAKE WORTH BEACH, FL 33460 US

SUBJECT: LLO PARTNERS, LLC  
Ref. Number: L18000208976

We have received your document for LLO PARTNERS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett  
Regulatory Specialist II

Letter Number: 524A00026529

SECRETARY OF STATE  
TALLAHASSEE, FL

2024 DEC 27 PM 2:00

FILED

12-27-24

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LLO PARTNERS, 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:

John T. Paxman, Esquire

(Contact Person)

John T. Paxman, P.A.

(Firm/Company)

1832 North Dixie Hwy

(Address)

LAKE WORTH BEACH, FL 33460

(City/State and Zip Code)

For further information concerning this matter, please call:

John T. Paxman

(Name of Contact Person)

at ( 561 ) 547-2424

(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

2024 DEC 27 PM 2:11

FILED



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: FLORIDA

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

L18000208976

3. The date this member/manager withdrew/resigned or will withdraw/resign is: OCT 25, 2024

4. I, MARK REMSON, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Manager of Mark Remson LLC  
(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)

2024 OCT 27 PM 2:11  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

**RESIGNATION FROM LLO PARTNERS, LLC, a Florida  
limited liability company**

October 23, 2024.

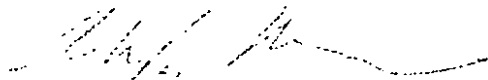
Division of Corporations  
State of Florida  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: LLO Partners, LLC / L18000208976

Dear Sir or Madam:

I, Mark Remson, individually, and on behalf of Mark Remson LLC, hereby resign any and all positions that either Mark Remson or Mark Remson LLC may have in LLO Partners, LLC.

Very truly yours,



Mark Remson

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TALLAHASSEE, FL