

L18000234167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

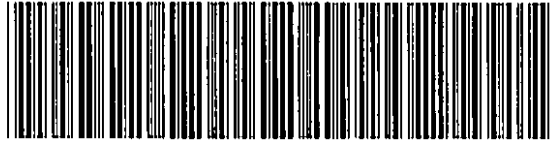
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100343143681

04/15/20--01009--012 \*\*25.00

2020 APR 15 AM 9:39

RECEIVED  
CLERK OF COURT  
JANUARY 14

Q149  
1-128/20

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Jean-Louis Legacy 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:

Isna Jean-Louis

\_\_\_\_\_  
(Contact Person)

Jean-Louis Legacy LLC

\_\_\_\_\_  
(Firm/Company)

337 Courtland Blvd

\_\_\_\_\_  
(Address)

Deltona, FL 32738

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Isna Jean-Louis

at ( 352 ) 255-6482

\_\_\_\_\_  
(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



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: Jean-Louis Legacy LLC.
2. The Florida document/registration number assigned to this limited liability company is:  
L18000234167.
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/2019
4. I, Pierre Jean-Louis, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Manager  
  
*(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)

1110  
12. APR 15 9:39  
RECEIVED OF