

L18000237447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUL 01 2020

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COVER LETTER

TO: -Registration Section
Division of Corporations

SUBJECT: Sum 120, 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:

Chad Lindsey

(Contact Person)

Sum 120, LLC

(Firm/Company)

407 1st Street South

(Address)

Winter Haven, FL 33880

(City/State and Zip Code)

For further information concerning this matter, please call:

Chad Lindsey

863

660-7837

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

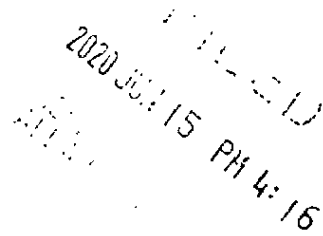
☐ \$55 Filing Fee & Certified Copy

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



(Pursuant to 605.0216, Florida Statutes)

- of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

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