

L18000265077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

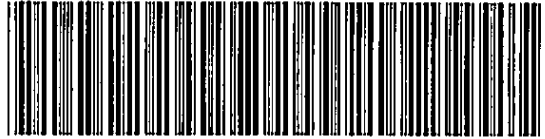
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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10/27/19 10:00:00 --002 --*25.00

2019 OCT 27 PM 9:37

Resignation

OCT 27 2019
1 ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Elizabeth Kooymans, 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:

Liz Kooymans

(Contact Person)

Elizabeth Kooymans, LLC

(Firm/Company)

12571 Cinqueterre Dr

(Address)

Venice, FL 34293

(City/State and Zip Code)

For further information concerning this matter, please call:

Liz Kooymans

(Name of Contact Person)

at (678) 780-8818

(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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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



2019-01-17 AM 9:27

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: Elizabeth Kooymans, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L18000265077

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/01/2019

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

Member

(Print Title)

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

Signature of ~~D~~issociating Member or Resigning Manager

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