

1190000001200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

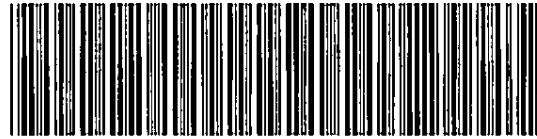
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900362440609

04/05/21--01018--005 \*\*25.00

2021 APR -5 PM 4:39  
TALLAHASSEE  
FLORIDA

D BRUCE  
MAY 25 2021

# BONNEY & ASSOCIATES, P.A.

A PROFESSIONAL ASSOCIATION  
ATTORNEYS AND COUNSELORS AT LAW

[gbonney@bandslaw.org](mailto:gbonney@bandslaw.org)

GARTH D. BONNEY, ESQ

---

DOWNTOWN OFFICE  
514 MAGNOLIA AVENUE  
PANAMA CITY, FL 32401  
MAILING, P.O. BOX 737 (32402)  
(850) 215-6840 OFFICE  
(850) 215-6846 FAX

March 31, 2021

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, Florida 32303

RE: Pembroke Pines, LLC

Dear Sir or Madam:

This firm has the pleasure of representing Donna McCoy, the authorized member of the limited liability company listed above. On behalf of our client, we are submitting the enclosed amendment and resignation of member forms for filing.

Also enclosed are checks which are attached to each respective form for the filing fees. If you have any questions, please do not hesitate to contact our office.

Sincerely,

BONNEY & ASSOCIATES, P.A.

Caroline Ouimet  
Paralegal to Garth D. Bonney, Esq.

Enclosures

2021 APR -5 PM 4:39  
TALLAHASSEE, FL  
RECEIVED

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PEMBROOK PINES, 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:

DONNA P. MCCOY AS TRUSTEE

(Contact Person)

(Firm/Company)

P.O. BOX 27670

(Address)

PANAMA CITY BEACH, FL 32411

(City/State and Zip Code)

For further information concerning this matter, please call:

DONNA P. MCCOY

(Name of Contact Person)

at ( )

(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

FILED  
2021 APR -5 PM 4:33  
CLERK OF COURT  
TALLAHASSEE, FL



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: PEMBROOK PINES, LLC

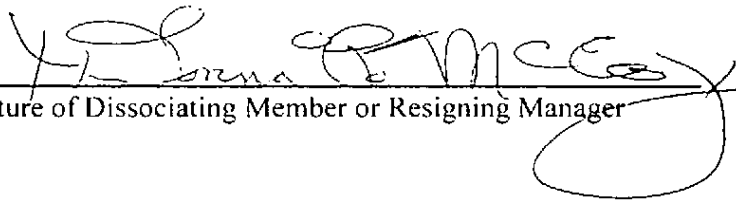
2. The Florida document/registration number assigned to this limited liability company is:  
LI9000001200

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01-22-2021

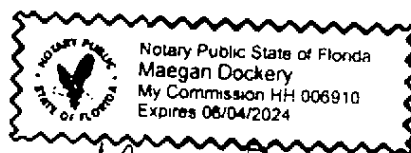
4. I, DONNA P. MCCOY, hereby withdraw/resign as a  
(Print Name of Person Resigning)

AMBR  
(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)



Maegan Dockery

2021 APR -5 PM 4:39  
F-150  
MAEGAN DOCKERY