

L19 000028174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

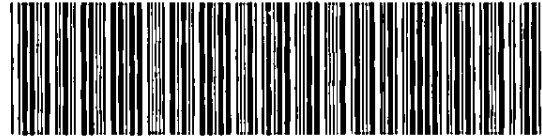
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

#25

Office Use Only



200340383392

02/10/20--01022--014 **35.00

FILED
2020 MAY -4 PM 2:37
CLERK OF SUPERIOR COURT

Resignation

MAY 06 2020
ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Vineyard of Florida, 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:

Armando de Leon
(Contact Person)

The Vineyard of Florida, LLC
(Firm/Company)

13876 SW 56 St #357
(Address)

Miami, FL 33175
(City/State and Zip Code)

For further information concerning this matter, please call:

Armando de Leon at (305) 801 3784
(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

2020 MAR -4 AM 10:46

March 4, 2020

ARMANDO DE LEON
13876 SW 56 ST #357
MIAMI, FL 33175

SUBJECT: THE VINEYARD OF FLORIDA, LLC
Ref. Number: L19000028174

We have received your document for THE VINEYARD OF FLORIDA, 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 Profit Corporation, but your entity is a Limited Liability Company. 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.

Irene Albritton
Regulatory Specialist II

Letter Number: 820A00004827

TO whom it may concern:

We have not included the \$25 Fee
since we have already sent a \$35
payment. Please Call with any
questions or concerns. Thank you!



FILED
2020 MAY -4 PM 2:37

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: The Vineyard of Florida, LLC

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

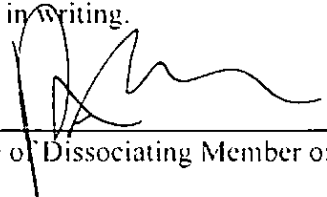
L19000028174

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/01/2020

4. I, Romelia Morenc, 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)