

L19 000032634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

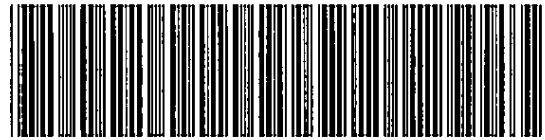
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OU
6/1/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ENC ENTERPRISES 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:

Roger Leeper

(Contact Person)

ENC ENTERPRISES LLC

(Firm/Company)

19240 N E 25 AVENUE # 243

(Address)

MIAMI, FL 33180

(City/State and Zip Code)

For further information concerning this matter, please call:

Roger Leeper

954 864-6736

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



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: ENC ENTERPRISES LLC

2. The Florida document/registration number assigned to this limited liability company is:
L19000032634

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/2019

4. I, Roger Leeper, hereby withdraw/resign as a
(Print Name of Person Resigning)
Manager / MGR
(Print Title)

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

Roger Leeper

L Roger Leeper
6745 Camera Dr
Miramar, FL 33023-4846

Signature of Dissociating Member or Resigning Manager

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