

L19000084646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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2024 JUL 22 AM 8:26
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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**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: SOUTH FLORIDA RV SOLUTIONS, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L19000084646

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 5/13/2024

4. I, Michael M. Metcalfe, hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGER & MEMBER

(Print Title)

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

DocuSigned by:

Michael M. Metcalfe

Signature of Dissociating Member or Resigning Manager

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 2, 2024

DANNY HOGAN
16120 LEE RD #110
FORT MYERS, FL 33912

SUBJECT: SOUTH FLORIDA RV SOLUTIONS, LLC
Ref. Number: L19000084646

We have received your document for SOUTH FLORIDA RV SOLUTIONS, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

NOTE: Michael M. Metcalfe was removed on the Articles of Amendment. If you still want to file the Dissociation or Resignation send form back with the filing fee.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 724A00014507