

L19 000125948 Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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((H23000017073 3)))



H23000017073ABCK

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Division of Corporations
 Fax Number : (850)617-6383

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Email Address: sjohnson@morankidd.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 145 WEKIVA, LLC

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JAN 23 2023

K. Brumley



January 17, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

145 WEKIVA, LLC
91 OAKLEIGH LN
MAITLAND, FL 32751US

SUBJECT: 145 WEKIVA, LLC
REF: L19000125948

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You have submitted two different forms, each form needs its own fax audit page as there is a \$25 filing fee for each form.

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Agnes Lunt
Regulatory Specialist III

FAX Aud. #: H23000017073
Letter Number: 023A00001120

*only Registration
attached now*

TX Sami



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: 145 WEKIVA, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L19000125948

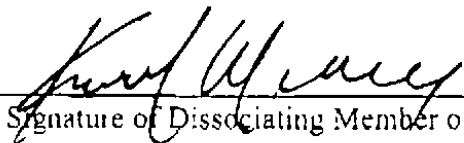
3. The date this member/manager withdrew/resigned or will withdraw/resign is: _____

4. I, KEVIN O'DONNELL, hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGER

(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)

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