

L19 000130918

(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



400408687014

2011-11-15 11:05

[Handwritten signature]

COVER LETTER

TO: Registration Section
Division of Corporations

CARIZZO LLC

SUBJECT: _____
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHRISTOPHER ASTROM

Name of Person

CARIZZO LLC

Firm/Company

5005 NW 37 PLACE

Address

GAINESVILLE, FLORIDA 32606

City/State and Zip Code

C_ASTROM@ME.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTOPHER ASTROM

786

236 6433

Name of Person

at (_____) _____

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

26/07/15 15:05



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
CARIZZO LLC
of State is: _____

2. The Florida document/registration number assigned to this limited liability company is: _____
L19000130918

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

4. I, _____, 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.

x: 

Signature of Dissociating Member or Resigning Manager

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