

L19000147180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

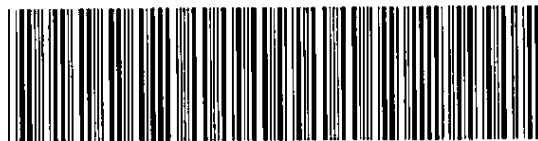
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THOMAS D. RIELLY, P.A.

ATTORNEYS AT LAW

3418 POINSETTIA AVENUE

WEST PALM BEACH, FL 33407

TELEPHONE: (561) 659-8808 TR@RIELLYLAW.COM FACSIMILE: (561) 659-8809

September 23, 2024

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Dissociation or Resignation of Member - Thomas Heine LLC VIA: U.S. Mail

To whom it may concern:

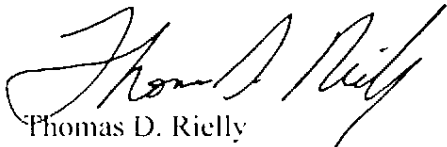
I am writing you today, as my office represents Thomas Heine LLC, a Florida limited liability company ("LLC").

In this regard, please find the enclosed Dissociation or Resignation of Member statement being provided, as Chris Heine, Jr. is no longer a member/manager of the LLC.

Enclosed, please also find the required check remittance in the amount of \$25 for the applicable filing fee.

Should you have any questions regarding the above, please don't hesitate to contact my office.

Respectfully,



Thomas D. Rielly

Enclosures
TDR/mp

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Thomas Heine LLC, a Florida limited liability company

(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:

Susan Thomas

(Contact Person)

Touchstone Webb Realty Company

(Firm/Company)

610 Clematis Street, #C05

(Address)

West Palm Beach, FL 33401

(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas D. Rielly, Esq. _____ at (561) 659-8808
(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

**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: Thomas Heine LLC

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

L19000147180

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/11/24

4. I, Chris Heine, Jr., hereby withdraw/resign as a
(Print Name of Person Resigning)

Member

(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)