

L19 000 166 787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

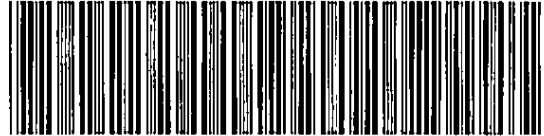
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 NOV 21 AM 10:09
DIVISION OF CORPORATIONS
STATE OF NEW YORK

DEC 19 2019
C. MCRAIR

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LMC SALISI LLC
(Name of Limited Liability Company)

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
19 NOV 21 AM 10:09

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

MILLENOR SALISI
(Contact Person)

LMC SALISI LLC
(Firm/Company)

5749 MAIN STREET
(Address)

NEW PORT RICHEY, FLORIDA 34652
(City/State and Zip Code)

For further information concerning this matter, please call:

MILLENOR SALISI at (321) 747-7256
(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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

19 NOV 21 AM 10:10
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

**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: LMC SAUSI LLC

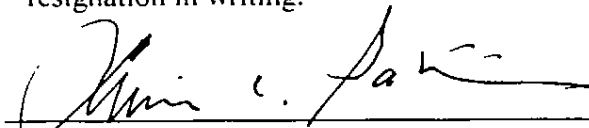
2. The Florida document/registration number assigned to this limited liability company is:
L19000166787

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/01/2019

4. I, LUCIANO SAUSI, hereby withdraw/resign as a
(Print Name of Person Resigning)

AMBR
(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)