

L19 000 175 757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

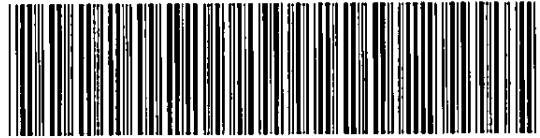
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2023 FEB 22 PM 2:24

STATE OF FLORIDA  
TALLAHASSEE, FL

**The Law Office of Barry M. Sickles**  
**Barry M. Sickles, Esquire**  
Member of Florida & North Carolina Bar

4662 Coral Ridge Drive  
Coral Springs, FL 33076  
Phone: 954-255-7360 Fax: 954-255-7370  
Barry@SicklesLaw.com

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

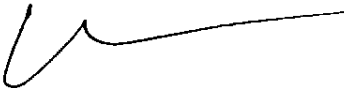
February 17, 2023

Re: Colleen Nicole LLC., a Florida limited liability company

Dear Sirs;

Enclosed herewith please find the requisite form and payment for the resignation of a member.  
Please file as soon as practicable. Thank you for your time and attention hereto.

Very truly yours,



Barry M. Sickles, Esq.

BMS/bl

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Colleen Nicole, LLC

(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:

Barry M Sickles, Esq.

(Contact Person)

Law Office of Barry M Sickles

(Firm/Company)

4662 Coral Ridge Drive

(Address)

Coral Springs, FL 33076

(City/State and Zip Code)

For further information concerning this matter, please call:

Barry M Sickles, Esq.

954

255 9551

at ( )

(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

SECRETARY OF STATE  
TALLAHASSEE, FL

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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: Colleen Nicole LLC
2. The Florida document/registration number assigned to this limited liability company is: L19000175757
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 2/16/2023
4. I, Cheryl Rebeta, 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)

**FILED**  
2023 FEB 22 PM 2:24  
SECRETARY OF STATE  
TALLAHASSEE, FL