

L19000178218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

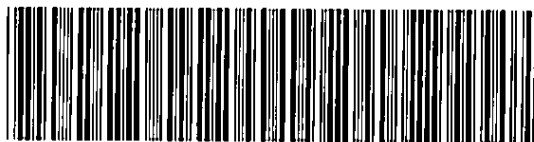
(Business Entity Name)

(Document Number)

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

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02/06/20--01009--004 \*\*25.00

DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
HALLMARKS, Etc., Inc.

2020 FEB -6 AM 7:14

FILED

MAR 03 2020

S. YOUNG

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

East Island LLC

**SUBJECT:** \_\_\_\_\_  
(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:

Kyle Melanson

\_\_\_\_\_  
(Contact Person)

East Island LLC

\_\_\_\_\_  
(Firm/Company)

739 Timber Ridge Trl SW Apt D

\_\_\_\_\_  
(Address)

Vero Beach, Florida 32962

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas Tirico

772

564 1127

\_\_\_\_\_  
(Name of Contact Person) at (\_\_\_\_\_) \_\_\_\_\_  
(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: East Island LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L19000178218

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/01/2020  
Thomas Tirico

4. I, Thomas Tirico, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Authorized Member

Thomas Tirico  
*(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**  
2020 FEB - 6 AM 7:15  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA