

L19000180936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

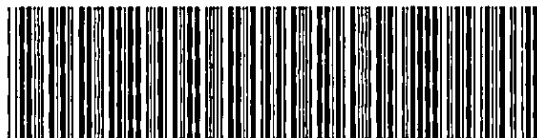
(Document Number)

Certified Copies _____ Certificates of Status _____

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10/09/20--01008--001 **25.00

R WHITE
DEC 04 11

10/09/20 10:00 AM



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 16, 2020

CONNOR FIRMENDER
FIELDR, LLC
5510 SPECTRA CIRCLE #208
FORT MYERS, FL 33908

SUBJECT: FIELDR, LLC
Ref. Number: L19000180936

We have received your document for FIELDR, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU NEED TO FILE REVOCATION OF DISSOLUTION BEFORE DOCUMENT CAN BE PROCESS

→ included 11/23/20 C.F.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia S Young
Regulatory Specialist II

Letter Number: 720A00023018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fieldr LLC
Name of Limited Liability Company

The enclosed Statement of Revocation of Dissolution for Florida Limited Liability Company and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Connor Firmender

Contact Person

Fieldr LLC

Firm/Company

5510 Spectra Circle #208

Address

Fort Myers, FL 33408

City, State and Zip Code

Connor Firmender@gmail.com

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

For further information concerning this matter, please call:

Connor Firmender

Name of Contact Person

at (239)

Area Code

357-3142

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

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Revoking Manager Role on our LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Connor Firmender
Name of Person

Feldr, LLC
Firm/Company

5510 Spectra circle #208
Address

Fort Myers, FL 33908
City/State and Zip Code

Connor Firmender@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Connor Firmender at (239) 357-3142
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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

100

(A Florida Limited Liability Company)

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Natalie Finazzo	3411 Atlantic Circle Naples, FL 34119	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		revoke Natalie's MGR role	<input checked="" type="checkbox"/> Change ←
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

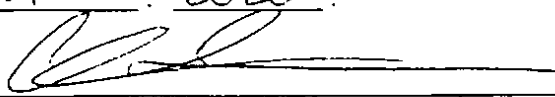
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

please revoke Natalie Finazzo's role as a
MGR, ~~she is to only be a member~~. Please
remove Natalie Finazzo entirely from the
entity. - she has been fired and the LLC ~~is~~ is
being dissolved.

E. Effective date, if other than the date of filing: 10/6/20 (optional) ^{immediately}
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 10/6 (11/23/20) 2020.


Signature of a member or authorized representative of a member

Connor Firmender, MGR
Typed or printed name of signee