

L19 000186430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

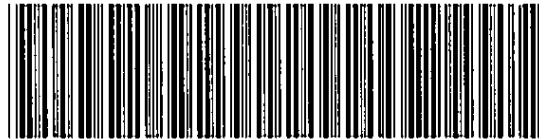
(Business Entity Name)

(Document Number)

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

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Office Use Only



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08/09/21--01010--006 \*\*25.00

08/20/2021  
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2021 AUG 19 AM 9:39  
SECRETARY OF STATE  
TALLAHASSEE, FL 323

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

Mid Century Grand 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:

Debra J Reeser

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

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

105 4th Ave NE, Unit 417

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

St Petersburg, FL 33701

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

For further information concerning this matter, please call:

Debbie Reeser

727

244-8328

\_\_\_\_\_  
(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

FILED

2021 AUG 29 AM 9:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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  
Mid Century Grand LLC  
of State is: \_\_\_\_\_

2. The Florida document/registration number assigned to this limited liability company is:  
L19000186430  
\_\_\_\_\_

July 27, 2021

3. The date this member/manager withdrew/resigned or will withdraw/resign is: \_\_\_\_\_  
Debra J Reeser

4. I, \_\_\_\_\_, 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)