

L19000 233 938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

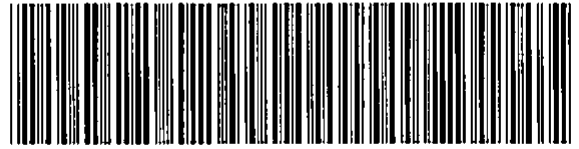
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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2020 MAY 21 PM 12:02

O. S. S. S.

MAY 29 2020



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 8, 2020

DOUG ZEIF  
6574 N STATE RD 7  
STE 415  
COCONUT CREEK, FL 33073

SUBJECT: EQUAL MEASURE PARTNERS, LLC  
Ref. Number: L19000233938

We have received your document for EQUAL MEASURE PARTNERS, 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):

The person resigning and the person signing the resignation document must be the same.

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.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 220A00009516

2020 MAY 21 10:08:55

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EQUAL MEASURE PARTNERS

\_\_\_\_\_  
(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:

DOUG ZEIF

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

EQUAL MEASURE PARTNERS

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

6574 N. STATE ROAD 7, SUITE 415

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

COCONUT CREEK, FL 33073

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

For further information concerning this matter, please call:

DOUG ZEIF

\_\_\_\_\_  
(Name of Contact Person)

at ( 561 ) 302-7491

\_\_\_\_\_  
(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



2020 MAY 21 PM 12:02

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: EQUAL MEASURE PARTNERS, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
1.19000233938

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 05/01/2020

4. I, JEREMY BEARMAN, 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)