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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BELTRANO & ASSOCIATES

Account Number : I20010000166 Phone : (561)799-6577 Fax Number : (561)799-6241

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Service o beltrano law. com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BIG MOUND RETREAT, LLC

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08/13/2020 16:42 From: 5617996241 Beltrano Lau Webfax **COVER LETTER** 

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TO: Registration Section		
Division of Corporations		
Big Mound Retreat, LLC SUBJECT:		
(Name of	f Limited Liability Cor	npany)
The enclosed member, resignation or dis	sociation and fee(s	s) are submitted for filing.
Please return all correspondence concern	ning this matter to:	
Aldo Beltrano		
(Contact Person)		_
Beltrano & Associates		
(Firm/Company)		_
4495 Military Trail, Suite 107		
(Address)		<del>-</del>
Jupiter, FL 33458		
(City/State and Zip Code)		_
For further information concerning this	matter, please call:	
Cindy Beltrano	561 at (	799-6577
(Name of Contact Person)		& Daytime Telephone Number)
Enclosed please find a check made paya	ble to the Florida I	Department of State for:
☐ \$25 Filing Fee		g Fee & Certified Copy
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee
		2415 N. Monroe Street, Suite 810
Tallahassee, FL 32314		Tallahassee, FL 32303

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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 of State is:		it appears on the records of the Flo	rida De	partment
2. The Florida docu L19000246468	ument/registration number as	signed to this limited liability comp	oany is:	
3. The date this me	mber/manager withdrew/res	o6 igned or will withdraw/resign is:	/01/2020	)
•	John Russo, hereby withdraw/resign as a, Print Name of Person Resigning)			
·	(Print Title) bility company and affirm th	e limited liability company has been	n notifie	ed of my
John Lusa	-	ning Manager		a is
Signature of Di	associating Member of Resig	ining Manager	2020 ,	Ø
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		100 13 P 3: 03	

CR2E079 (2/14)