h20000102247	
(Requestor's Name) (Address) (Address)	400376839644
(City/State/Zip/Phone #)	11/30/2101011016 ** 55.00
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	2022 J.24 - 3 PH 3: 30
Office Use Only	JAN 0 6 2022 HALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations

Envision Business Development Group, LLC

(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:

Pennie A. Cox-

SUBJECT:

. .

(Contact Person)

(Firm/Company)

6841 Forkmead Lane

(Address)

Port Orange, FL 32128

(City/State and Zip Code)

For further information concerning this matter, please call:

Pennie Cox 407 431-5569 (Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee Certified Copy

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

<u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

RECEIVED

7022 JAN -3 PH 2: 54

FLORIDA DEPARTMENT OF STAGENETARY STATE Division of Corporations

December 15, 202

PENNIE A. COX 6841 FORKMEAD LANE PORT ORANGE, FL 32128

SUBJECT: ENVISION BUSINESS DEVELOPMENT GROUP, LLC Ref. Number: L20000102247

We have received your document for ENVISION BUSINESS DEVELOPMENT GROUP,LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because of recent changes to Chapters 607, 605 and 620, Florida Statutes , your document does not meet current filing requirements.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Irene Albritton Regulatory Specialist III

Letter Number: 521A00030235

www.sunbiz.org Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314





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)

- 2. The Florida document/registration number assigned to this limited liability company is: L20000102247
- 3. The date this member/manager withdrew/resigned or will withdraw/resign is: ______
- Pennie Cox 4. I,

_____, hereby withdraw/resign as a

(Print Name of Person Resigning)

Auhorized Manager

(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)