

L20000 107867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

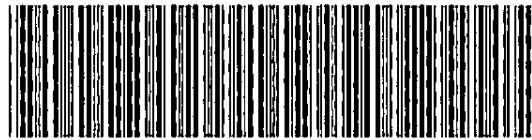
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/08/20--01033--002 **25.00

R. WHITE

DEC 10 2020

10/08/20 10:00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 13, 2020

TODD SHERMAN
120 OCEAN HIBISOUS DRIVE #204
ST AUGUSTINE, FL 32080

SUBJECT: TODD SHERMAN & ASSOCIATES LLC
Ref. Number: L20000107867

We have received your document for TODD SHERMAN & ASSOCIATES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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: 320A00022800

*I don't know why I have
to pay \$35 + another \$25
Maybe you don't need
this check.
W*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Todd Sherman & Associates 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:

Todd Sherman
(Contact Person)

Todd Sherman & Associates LLC
(Firm/Company)

120 Ocean Hibiscus Dr #204
(Address)

SA Augusta FL 32080
(City/State and Zip Code)

For further information concerning this matter, please call:

Todd Sherman at (904) 217-2863
(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

☐ \$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

**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: Todd Sherman & Associates LLC

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

L 20000107867

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

4. I, Gwendolyn Russell, hereby withdraw/resign as a
(Print Name of Person Resigning)

Manager
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)