

L20000 127931

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

JQ 10/06/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1240 Monica Ln 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:

Paul Deckard
Name of Contact Person

1240 Monica Ln LLC
Firm/Company

606 Cape Coral Pkwy W
Address

Cape Coral, FL 33914
City/State and Zip Code

Paul@Novaisgroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul Deckard at (239) 888-0112
Name of Contact Person Area Code & Daytime Telephone Number

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: 1240 Monica Ln) LLC

2. The Florida document/registration number assigned to this limited liability company is:
620000127931

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7/28/2020

4. I, Roger Deekard, 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.

Roger Deekard
Signature of Dissociating Member or Resigning Manager

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

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TALLAHASSEE, FL