

L20 000 265-124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

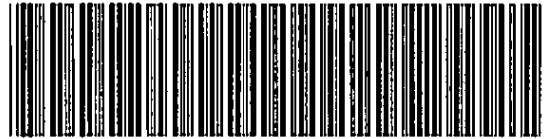
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 JAN -4 PM 4:40
STATE
TALLAHASSEE, FL

FILED

O SIMMONS

JAN 12 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 12, 2020

CRISTINA GOMEZ
3422 TIMBERWOOD CIR
NAPLES, FL 34105

SUBJECT: FCM SEQUOIA GROUP, LLC
Ref. Number: L20000268424

We have received your document for FCM SEQUOIA 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):

The attached form must be completed in order to file the document.

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: 920A00025071

RECEIVED

JAN 04 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FCM Sequoia 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:

Cristina Gomez

(Contact Person)

FCM Sequoia Group, LLC

(Firm/Company)

3422 Timberwood Circle

(Address)

Naples, FL 34105

(City/State and Zip Code)

For further information concerning this matter, please call:

Cristina Gomez at (239) 200 3962

(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



FILED

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STATE
TALLAHASSEE, FL

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: FCM SEQUOIA GROUP, LLC

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

L20000268424

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/20/2020

4. I, Danny Fernandez, 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 of Dissociating Member or Resigning Manager

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