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(Requestor's Name) (Address) (Address)	400375247214	
(City/State/Zip/Phone #)	12/08/2101001001 **50.00	
Special Instructions to Filing Officer:	Real State BEC 08 TOTAL ALBRITTON	

	INC. 236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666					
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	P	ICK UP:	12/07/2021			
]	CERTIFIED COPY					
X	рнотосору					
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x	FILING	RESI	GNATION			
	(CORPORATE NAME AND DC	OCUMENT #)				
	(CORPORATE NAME AND DC					
	(CORPORATE NAME AND DO	OCUMENT #)				
-	(CORPORATE NAME AND DO	CUMENT #)		<u></u>		

## **COVER LETTER**

## TO: Registration Section Division of Corporations

SUBJECT: Prestige 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:

Debra Buccinna

(Contact Person)

Prestige Business Development Group LLC

(Firm/Company)

14852 Wildflower Lane

(Address)

Delray Beach, FL 33446

(City/State and Zip Code)

For further information concerning this matter, please call:

Debra Buccinna

(Name of Contact Person)

at (\_\_\_\_\_) (Arca Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\Box\$ S55 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

CR2E079 (2/14)



## 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: Prestige Business Development Group LLC
- 2. The Florida document/registration number assigned to this limited liability company is: L20000274727
- 3. The date this member/manager withdrew/resigned or will withdraw/resign is: \_\_\_\_\_
- 4. I.

(Print Name of Person Resigning), hereby withdraw/resign as a

AP

(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: Certified Copy:

\$25.00 (Required) \$30.00 (Optional)

CR2E079 (2/14)