120 000277663

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

Division of Corporations	
Mendicino Ventures LLC	
SUBJECT:	
SUBJECT: (Name o	t Emated Liability Company)
The enclosed member, resignation or dis	ssociation and fee(s) are submitted for filing.
Please return all correspondence concert	ning this matter to:
Terry Mendicino	
(Contact Person)	
Mendicino Ventures LLC	
(Firm/Company)	
3019 Hawks Landing Dr	
(Address)	
Tallahassee, Fl. 32309	
(City/State and Zip Code)	
For further information concerning this	matter, please call:
Terry Mendicino	850 566-6689
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made paya	able to the Florida Department of State for:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	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)

	limited liability company a icino Ventures LLC	as it appears on the records	s of the Florida Department		
			,		
2. The Florida docu 1.20000277663	ument/registration number	assigned to this limited lia	bility company is:		
		······································	Oct 13, 2020		
3. The date this me Geoffrey Mendie	mber/manager withdrew re tino	rsigned or will withdraw/re	esign is:		
4. 1.		, hereby withdraw/resign as a e of Person Resignings			
(Print N Member					
	(Print Title)				
resignation in wr		the limited liability compa	ny has been notified of my		
Signature of Di	ssociating Member or Res	igning Manager	2029 OCT 16		
Filing Fee:	\$25.00 (Required)		PR III		
	\$30.00 (Optional)				