

L20000292055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

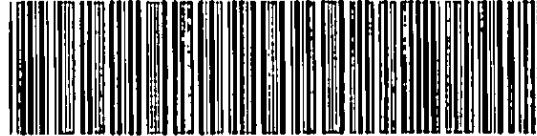
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



800364769528

RECEIVED

MAY 03 2021

05/04/21 01035 032

05/04/21--01035--032 \$85.00

\$85.00

SECRETARY OF STATE
TALLAHASSEE, FL

2021 AUG -3 AM 9:54

FILED

Association

AUG 03 2021

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EXCELSIOR REALTY L&R, LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Rick Pitts
(Contact Person)

EXCELSIOR REALTY L&R, LLC
(Firm/Company)

1242 Sw Pine Island Road #46
(Address)

Cape Coral FL 33991
(City/State and Zip Code)

For further information concerning this matter, please call:

Rick Pitts at 239 671-0654
(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
2021 AUG -3 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
2021 AUG -3 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FL

**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: EXCELSIOR REALTY L&R, LLC
2. The Florida document/registration number assigned to this limited liability company is: L20000292085
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/3/2021
4. I, Laraine McNeese, hereby withdraw/resign as a
(Print Name of Person Resigning)
Authorized Person
(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)

- \$85 has been paid