

L20000300744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

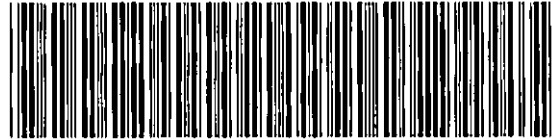
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

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1
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

(OFFICE USE ONLY)

Business Name & Document Number, (if known):

1. ONE VISION REALTY LLC

Name

Document Number (if known)

 x Walk in

 Will wait

 Certified Copy of:

 Certificate of Status

NEW FILINGS

AMENDMENTS

 Profit

 X Amendment

 Not for Profit

 Resignation of R.A. Officer/Director

 Limited Liability

 Change of Registered Agent

 Domestication

 Dissolution/Withdrawal

 INC

 Conversion

 OTHER

 Merger

OTHER FILINGS

REGISTRATION/QUALIFICATIONS

 Annual Report

 Foreign

 Fictitious Name

 Limited Partnership

 Reinstatement

 Statement of Authority

 Trademark

 APOSTIL ()
COUNTRY

 Other

EXAMINER'S INITIALS: _____

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TALLAHASSEE, FL 32309
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NEW FILINGS

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☐ OTHER

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OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

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COUNTRY

REGISTRATION/QUALIFICATIONS

☐ Foreign
☐ Limited Partnership
☐ Reinstatement

☐ Trademark

☐ Other

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ONE VISION REALTY 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:

MICHAEL JORAY

(Contact Person)

ONE VISION REALTY LLC

(Firm/Company)

5 NW 22ND AVE

(Address)

CAPE CORAL, FL 33993

(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL JORAY

(Name of Contact Person)

at (239) 218-6325

(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



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: ONE VISION REALTY LLC

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

L20000300744

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11-13-2020

4. I, ELYSIA SHEPHERD, 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.

Signature of Dissociating Member or Resigning Manager

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

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