

L20000317941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

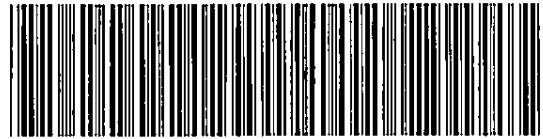
(Document Number)

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23 FEB 21 AM 6:52  
FEB 21 2023  
FEB 21 2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Seahorse Lane 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:

Anthony M Lucia  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

P.O. Box 1352  
(Address)

Port St. Joe, Florida 32457  
(City/State and Zip Code)

For further information concerning this matter, please call:

Anthony M. Lucia at (714) 331-3113  
(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

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Division of Corporations  
Tallahassee, Florida



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: Seahorse Lane LLC

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

L20000317941

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/2022

4. 1. Nancy Alucia, 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.

Nancy Alucia  
Signature of Dissociating Member or Resigning Manager

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

23 FEB 21 AM 6:52  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA