

L20000369905

(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



100396331191

10/31/22---01021---007 \$455.00

FILED

2022 OCT 31 PM 4:02

SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Case Family Properties 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:

Dawn Case

(Contact Person)

Case Family Properties LLC

(Firm/Company)

PO Box 291071

(Address)

Port Orange, FL 32129

(City/State and Zip Code)

For further information concerning this matter, please call:

Dawn Case

407

948-1499

at ( )

(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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED

2022 OCT 31 PM 4:02

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: Case Family Properties LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L20000369905
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10-24-2022
4. I, Jenna L. Akins, 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.

Jenna L. Akins

Signature of Dissociating Member or Resigning Manager

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