

L20000376943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

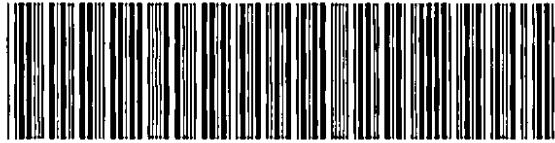
(Business Entity Name)

(Document Number)

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**DATE: 2/26/21**

**NAME: ROYALTY RESTORATIONS VIP LLC**

**TYPE OF FILING: DISSOCIATION**

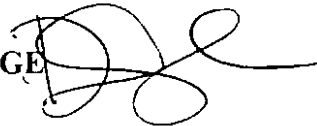
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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Royalty Restorations VIP 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:

Ecaterina Burca

\_\_\_\_\_  
(Contact Person)

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

2249 highland woods dr.

\_\_\_\_\_  
(Address)

Dunedin, FL

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Schermerhorn

786

405-7844

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

**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: Royalty Restorations VIP LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L20000376943

3. The date this member/manager withdrew/resigned or will withdraw/resign is: February 15, 2021

4. I, Ecaterina Burca, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Owner

*(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)

RECEIVED  
2021 FEB 25 AM 8:08  
DIVISION OF STATE  
CORPORATIONS, FL