

L21000021113

(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



000411919250

11

07/10/23--01007--012 \*\*25.00

FILED  
2023 JUL 10 AM 8:30  
COUNTY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PORT CHARLOTTE MACHINE SHOP, 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:

William Degroot

(Contact Person)

Port Charlotte Machine Shop, LLC

(Firm/Company)

4137 James Street Unit C

(Address)

Port Charlotte, FL 33980

(City/State and Zip Code)

For further information concerning this matter, please call:

William Degroot

at ( 941 ) 204-0336

(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: PORT CHARLOTTE MACHINE SHOP, LLC

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

L21000021113

3. The date this member/manager withdrew/resigned or will withdraw/resign is: June 30, 2023

4. I, Tyler Grover, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MGRM

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]  
Signature of Dissociating Member or Resigning Manager

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

**FILED**  
2023 JUL 10 AM 8:30  
DIVISION OF STATE  
TALLAHASSEE, FLORIDA