

K21000145474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

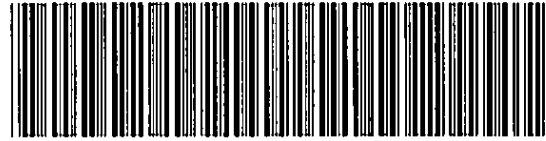
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 JUN 23 AM 8:18  
FALL RIVER MASSACHUSETTS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 5 Seasons PRFC 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:

Purushottam K. George  
(Contact Person)

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

5553 Hwy 90  
(Address)

Pace FL 32571  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michelle Waller at 850, 390 2283  
(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

2021 JUN 23 AM 8:58  
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**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: 5 Seasons PRFC LLC

2. The Florida document/registration number assigned to this limited liability company is: L21000145479

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 3/29/2021

4. I, Stonebrook Plaza Inc, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Title Manager  
*(Print Title)*

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

(X) [Signature] (for Stone Brook Plaza)  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required) → sent ck # 5127  
Certified Copy: \$30.00 (Optional)