

L21 000 145 441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

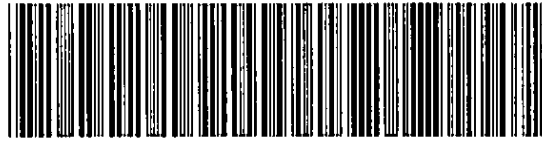
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/23/21--01008--017 **25.00

FILED
2021 JUN 23 AM 8:25
TALLAHASSEE, FL

JUL 21 2021

C Kinsey

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 4 Season Partners 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. Garg
(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 8:25
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TALLAHASSEE

**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: 4 Seasons Partners LLC

2. The Florida document/registration number assigned to this limited liability company is:
L21000145491

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) → Suit ck # 5126
Certified Copy: \$30.00 (Optional)