

K21 000223133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

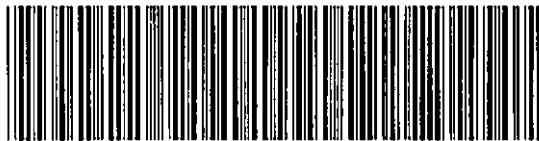
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100372668541

09/13/13 - 01032 - 022 \*425.00

2021 SEP 13 AM 9:41  
CLERK OF STATE  
TALLAHASSEE, FL

FILED



## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 873 #12 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:

Jack Kimble

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

873 #12 LLC

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

47 Lakecliff Drive

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

Ormond Beach, Florida 32174

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

For further information concerning this matter, please call:

Jack Kimble

at ( 386 ) 547-1876

\_\_\_\_\_  
(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: 873 #12 LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L21000223133

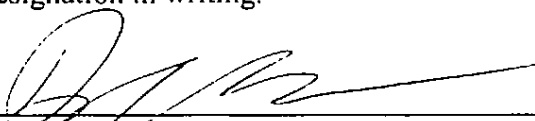
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/1/2021

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

Managing Member

*(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 Fees: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
2021 SEP 13 AM 9:41  
SECRETARY OF STATE  
TALLAHASSEE, FL