

L21000345498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

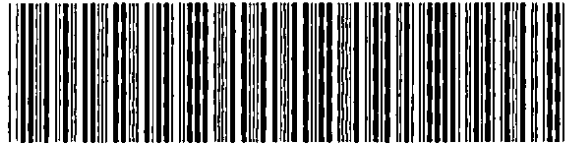
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
SEP 15 2023

Office Use Only



200413666322

08/16/23--01016--028 **55.00

FILED
23 AUG 16 AM 9:14
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FMS FEIX MEDIA SERVICE FLORIDA 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:

Alexander Feix

(Contact Person)

FMS FEIX MEDIA SERVICE FLORIDA LLC

(Firm/Company)

4406 SW 24th Ave

(Address)

Cape Coral, FL, 33914

(City/State and Zip Code)

For further information concerning this matter, please call:

Alexander Feix

(Name of Contact Person)

239

at (_____) _____

5448492

(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: FMS FEIX MEDIA SERVICE FLORIDA LLC

2. The Florida document/registration number assigned to this limited liability company is:
L21000345498

3. The date this member/manager withdrew/resigned or will withdraw/resign is: August, 1st, 2023

4. I, Alexander Feix, hereby withdraw/resign as a
(Print Name of Person Resigning)
Manager ---- I will stay authorized 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 Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FMS FEIX MEDIA SERVICE FLORIDA 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:

Alexander Feix

(Contact Person)

FMS FEIX MEDIA SERVICE FLORIDA LLC

(Firm/Company)

4406 SW 24th Ave

(Address)

Cape Coral, FL, 33914

(City/State and Zip Code)

For further information concerning this matter, please call:

Alexander Feix

(Name of Contact Person)

at 239 5448492

(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