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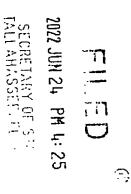
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
See HORNE
SEP 19 ZOZZ
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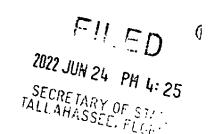


COVER LETTER

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this matter to	o:
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er, please cal	l:
407 at (719-7620
_ \	de & Daytime Telephone Number)
	Department of State for:
□ \$55 Filii	ng Fee & Certified Copy
	Street Address:
	Registration Section
	Division of Corporations The Centre of Tallahassee
	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303
	er, please cal at (

CR2E079 (2/14)





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: Deli Vegano Park Blvd LLC
2. The Florida document/registration number assigned to this limited liability company is: L21000384325
3. The date this member/manager withdrew/resigned or will withdraw/resign is:
(Print Name of Person Resigning)
Manager
(Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
MMS
Signature of Dissociating Member or Resigning Manager

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: