

L21000463632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

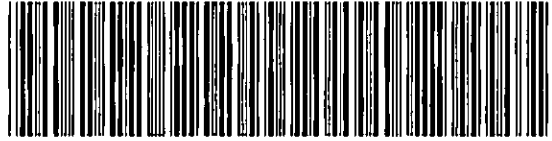
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2021 OCT 25 AM 8:37

CLERK OF COURT
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM ACCT: 120210000160

AMOUNT: \$25.00

Authorized Signature: _____



1443 Moon Valley Drive, LLC

Corporation Name

Document Number, (if known):

☐ Certified copy

☐ Certificate of Status

☐ Pick up time _____

☐ Will wait

NEW FILINGS

☐ Profit

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ Other

☐ CORP

AMMENDMENTS

☐ Amendment

☒ Resignation of R.A.

Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

☐ Correction

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

☐ APOSTIL () _____
Country

REGISTRATION/QUALIFICATIONS

☐ Foreign filing

☐ Limited Partnership

☐ Reinstatement

☐ Other

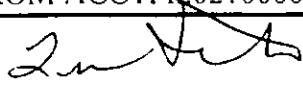
EXAMINER'S INITIALS: _____

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☐ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1443 Moon Valley Drive, LLCC

(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:

Scott Alan Salomon, J.D.

(Contact Person)

South Florida Paralegal Systems, Inc.

(Firm/Company)

8775 NW 76 Place

(Address)

Tamarac, FL 33321

(City/State and Zip Code)

For further information concerning this matter, please call:

Scott Alan Salomon

954

800-9157

at (_____) _____

(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: 1443 Moon Valley Drive, LLC

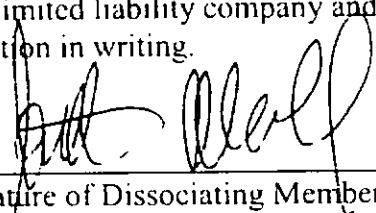
2. The Florida document/registration number assigned to this limited liability company is:

3. The date this member/manager withdrew/resigned or will withdraw/resign is: October 26, 2021

4. I, Scott Alan Salomon, hereby withdraw/resign as a
(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.



Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

2021 OCT 25 PM 3:57
SECRETARY
TALLAHASSEE, FLORIDA