

L21000506124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

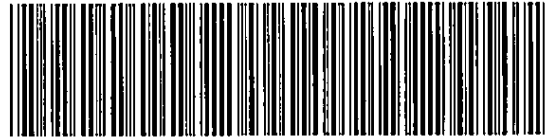
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/25/23--01020--030 **25.00

2023 APR 25 PM 11:01
CLERK/CLERK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 16 Halfway, 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:

Sandra T Lynn

(Contact Person)

Turner & Lynn PA

(Firm/Company)

7 Barracuda Lane

(Address)

Key Largo, FL 33037

(City/State and Zip Code)

For further information concerning this matter, please call:

Sandra T Lynn

at (305) 367-0911

(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

16 Halfway, LLC

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member


| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------------------|--------------------------|--|
| MGR | Nicole V. Smith | 24 Dockside Lane PMB 425 | <input type="checkbox"/> Add |
| | | Key Largo, FL 33037 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Jeffrey Whitefield Congdon | 24 Dockside Lane PMB 425 | <input checked="" type="checkbox"/> Add |
| | | Key Largo, FL 33037 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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2021 APR 25 AM 11: 01
CALLED
DATA

2023 APR 25 09:11:01
Call Center
TAMM

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated April 21, 2023


Signature of a member or authorized representative of a member

JEFFREY WHITEFIELD CONGDON
Typed or printed name of signee

Filing Fee: \$25.00