

122000091465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 JUL 27 PM 4:48
CLERK OF SUPERIOR COURT
JUL 27 2022

Dissociation

AUG 19 2022

D. CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 7221 INGLESIDE 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:

NGA NGUYEN

(Contact Person)

7221 INGLESIDE LLC

(Firm/Company)

1730 REGAL MIST LOOP

(Address)

TRINITY FL 34655

(City/State and Zip Code)

For further information concerning this matter, please call:

NGA NGUYEN

at (727) 902-6600

(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

FILED
2022 JUL 27 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FL



RECEIVED

2022 JUL 27 PM 12:02

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
TALLAHASSEE, FL

June 24, 2022

NGA NGUYEN
7221 INGLESIDE LLC
1730 REGAL MIST LOOP
TRINITY, FL 34655

SUBJECT: 7221 INGLESIDE LLC
Ref. Number: L22000091465

We have received your document for 7221 INGLESIDE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We do not have a Peggy W Doniney listed as a member only as the registered agent? Did you mean to resign as the registered agent. If so you have completed the wrong form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 422A00014304

Attached corrected form.



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: 7221 INGLESIDE LLC

2. The Florida document/registration number assigned to this limited liability company is:
700381340487

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4/21/2022

4. I, PEGGY K DOMINEY, hereby withdraw/resign as a
(Print Name of Person Resigning)
MEMBER
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.

Peggy K. Dominey
Signature of Dissociating Member or Resigning Manager

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