

122000111783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

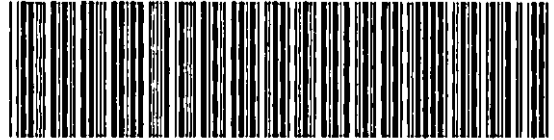
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/14/22--01010--004 \*\*25.00

22 SEP 14 PM 1:50  
DIVISION OF CORPORATIONS  
STATE OF NEW YORK

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Real Fishing Reel Repair  
(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:

Evan Stein  
(Contact Person)

Real Fishing Reel Repair  
(Firm/Company)

1615 Elizabeth St.  
(Address)

New Smyrna Beach, FL 32168  
(City/State and Zip Code)

For further information concerning this matter, please call:

Evan Stein at ( 386 ) 566-8428  
(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

22 SEP 14 PM 1:50

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS



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: Real Fishing Reel Repair

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

L 22000 111 783

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9-11-22

4. I, RANDAL STEIN, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Registered Agent Manager  
(Print Title)

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

Randal Stein

Signature of Dissociating Member or Resigning Manager

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

22 SEP 14 PM 1:50  
DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE