## LZZ 000121551

(Requestor's Name)
(reguestors reme)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only-Clates Ziph. Hone ny
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(Business Entity Name)
(Document Number)
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7027 APR 11 PM 5: 08 SECRETARY OF STATE TALLAHASSEF, FI

## COVER LETTER ,

Division of Corporations
SUBJECT: SUNCOAST ESCAPES 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:
Joth Titcoms (Contact Person)
SUNCOAST ESCAPES, LLC (Firm/Company)
3 Sourionian Dr. N. (Address)
LLOYO HARBOR NY. 11743 (City/State and Zip Code)
For further information concerning this matter, please call:
Totto Titcom3 at (516) 366-8840 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\times\$ \$\\$\\$\\$\$ \$\\$\\$\$ Filing Fee & Certified Copy
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

FILED 1027 APR 11 PM 5: 08 SECRETARY OF STATE. TALLAHASSEE, FL

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1 (2) (1.3 1)	SCHEROL SCHOOL SCHOOL STATE SCHOOL SC
1. The name of the fi	mited liability company as it appears on the records of the Florida Department
of State is:	UNCOAST ESCAPES, LLC
2. The Florida docum	nent/registration number assigned to this limited liability company is:
L2200	0121551
3. The date this mem	nber/manager withdrew/resigned or will withdraw/resign is: 03/20/2022
4. 1. DAWN (Print Nar	H. JABLONSICI, hereby withdraw/resign as a ne of Person Resigning)
MEMBER	manager.
of this limited liabi resignation in writi	lity company and affirm the limited liability company has been notified of my ing.
Signature of Diss	1. Jablandi sociating Member or Resigning Manager
Filing Fee:	·
Certified Copy:	\$30.00 (Optional)