

L22000147622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

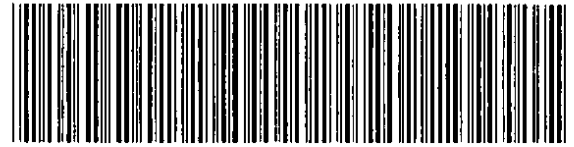
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J DENNIS

AUG 14 2023

Office Use Only



200411222172

05/30/23--01011--025 \*\*25.00

FILED  
SECRETARY OF STATE  
OFFICE OF CORPORATIONS  
2023 JUN 30 PM 1:20

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 1727 MINUTEMEN CWY U105, 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:

John Lahmeyer

\_\_\_\_\_  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

3318 River Forest Dr.

\_\_\_\_\_  
(Address)

Fort Wayne, IN. 46805

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

John Lahmeyer

260

437-6141

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



FILED  
SECRETARY OF STATE  
2023 JUN 30 PM 1:20

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: 1727 MINUTEMEN CSWY U105, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L22000147622

3. The date this member/manager withdrew/resigned or will withdraw/resign is: June 1, 2023

4. I, Jennifer M. Yonker, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Authorized Member  
*(Print Title)*

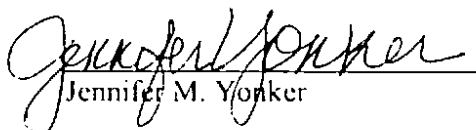
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Jennifer Yonker  
Signature of Dissociating Member or Resigning Manager

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

**ASSIGNMENT AND RELINQUISHMENT OF  
AUTHORIZED MEMBER, JENNIFER M. YONKER**

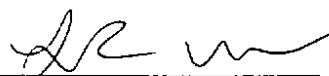
1. I, Jennifer M. Yonker, am currently an Authorized Member of 1727 MINUTEMEN CSWY U105, LLC.
2. 1727 MINUTEMEN CSWY U105, LLC owns the property located at 1727 Minutemen Causeway, Unit 105, Cocoa Beach, FL 32931.
3. I, Jennifer M. Yonker, hereby withdraw, dissociate, resign, and relinquish any and all interest that I have in the above stated LLC.
4. I, Jennifer M. Yonker, hereby assign all interest and/or rights that I have concerning the above LLC, including any interest or entitlement to any monetary considerations regarding the above referenced property.
5. I, Jennifer M. Yonker, hereby assign all interest and/or rights that I have in the above referenced LLC and property to my brother, John Lahmeyer. I acknowledge that I am not owed any monetary or other consideration from the LLC.
6. My brother, John Lahmeyer, shall have 100% ownership and interest in 1727 MINUTEMEN CSWY U105, LLC with all rights and powers to sell, rent or otherwise make any decisions concerning the property owned by the LLC, including the right to distribute interest in the LLC as well as add members to the LLC.

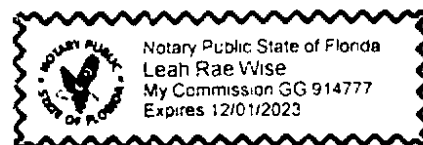
  
Jennifer M. Yonker

Dated: 6/15/23

STATE OF Florida  
COUNTY OF Brevard

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ( ) online notarization this 15<sup>th</sup> day of June, 2023, by Jennifer M. Yonker.

  
Signature of Notary Public  
Print, Type/Stamp Name of Notary



Personally Known: \_\_\_\_\_ OR Produced Identification: X  
Type of Identification  
Produced: FL Drivers License