

622 000 161 475

(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:

Office Use Only

*[Signature]*



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U.S. DEPT. OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 2509 BUCKNELL DR, 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:

Oscar Borrego

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

2509 BUCKNELL DR, LLC.

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

5668 Fishhawk Crossing Blvd #145

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

Lithia, FL 33547

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

For further information concerning this matter, please call:

Oscar Borrego

786 210-7870  
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

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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: 2509 BUCKNELL DR, LLC.

2. The Florida document/registration number assigned to this limited liability company is:  
L22000161475

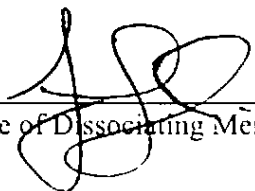
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/06/2022

4. I, Jennifer Lorenzo, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

AMBR

*(Print Title)*

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

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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

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