## L22 000 218 974

(Requestor's Name)
(Address)
(1001000)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





700427892587

04/17/24 -01036--024 \*+55.00



## **COVER LETTER**

SUBJECT: Pompey Unlimited LLC (Name of Limited Liability Comp	pany)
(Name of Limited Liability Comp	
The enclosed member, resignation or dissociation and fee(s)	are submitted for filing.
Please return all correspondence concerning this matter to:	
Edwin Pompey / Erin Pompey	
Pompey Unlimited LLC (Firm/Company)	2021 APR SECRETALL
11580 Jerry Adams Drive	2021 APR 17 PH 4: 09 SECRETARY SEE STATE TALL ARE SEE STATE
Jacksonville, Fl , 32218 (City/State and Zip Code)	ESTATE SOLVE
For further information concerning this matter, please call:	
Edwin Pompey at (904) (Name of Comact Person) (Area Code &	) <u>416 -4665</u> & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida De  □ \$25 Filing Fee  □ \$55 Filing :	epartment of State for: Fee & Certified Copy
Registration Section I Division of Corporations I P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



## 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 annually a is an array of the grant of the David December 1.
1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: Pompey Untimited LLC
2. The Florida document/registration number assigned to this limited liability company is
L22000278974
3. The date this member/manager withdrew/resigned or will withdraw/resign is:
4. I. Frin DMPey hereby withdraw/resign as a (Print Name of Person Resigning), hereby withdraw/resign as a
Manager. (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Ceiton
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)