422000330672

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

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 2, 2022

CODY CHRISTIANSON 3951 34TH ST. S APT 4143 ST. PETERSBURG, FL 33713

SUBJECT: TALON PROPERTIES & INVESTMENTS, LLC

Ref. Number: L22000330672

We have received your document for TALON PROPERTIES & INVESTMENTS, LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Joyce Vandersommen is not listed as the registered agent. The resignation of registered agent is not needed. Joyce is listed as AMBR if you want to remove her the correct form to do that is enclosed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 822A00026636

Tammi Cline Regulatory Specialist II Supervisor 2022 DEC | 2 PH 3: 08

COVER LETTER

Division of Cor	porations			
Talon ProposUBJECT:	erties & Investments, I	LC		
	(Name of L	limited Liability C	Company)	
The enclosed member.	resignation or disso	ociation and fe	e(s) are submitted fo	or filing.
Please return all corresp	pondence concernit	ng this matter t	o:	
Cody Christianson				
(1	Contact Person)		 -	72
Talon Properties & Investm	nents, LLC			022 DE
(Firm/Company)			
1635 9th Avenue North				2022 DEC 12 PM 3: 08
	(Address)			္ ယ္
St. Petersburg, FL 33713				8
(City	/State and Zip Code)			
For further information	concerning this ma	atter, please ca	11:	
Cody Christianson		641 at (390-0186	
(Name of Con	itact Person)	_ \	de & Daytime Teleph	one Number)
Enclosed please find a c □ \$25 Filing Fee	check made payabl		a Department of Stating Fee & Certified	
Mailing Address: Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	porations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

TO: Registration Section



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)

	Properties & Investments, LLC			·
2. The Florida doc 1.22000330672	ument/registration number a	ssigned to this limit	ed liability compa	my is:
	ember/manager withdrew/res mmen Vame of Person Resigning)			5/2022
AMBR	(Print Title)			
of this limited lia resignation in wr	bility company and affirm the	non	ompany has been	notified of my
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	giinig ivianagei	: :	2022 DEC 12 PI