

L22000 508576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

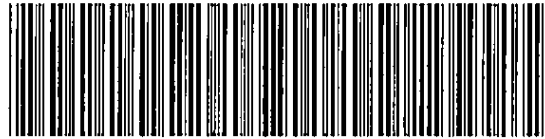
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MAR - 6 2023

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2023 MAR - 6 AM 10:03  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Dissociation of Manager

\_\_\_\_\_  
(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:

Jeffrey Sherman

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

Lasersedge LLC

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

418 W. Massachusetts St

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

Hernando FL 34442

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

For further information concerning this matter, please call:

Jeffrey Sherman

352 201-8590  
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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
2023 MAR -6 AM 10:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: LASERSEGE LLC

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

92-1261544 L22000508576

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 03/01/2023

4. I, Judith P Sherman, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Manager

(Print Title)

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

Judith P Sherman  
Signature of Dissociating Member or Resigning Manager

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