

L23000014461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

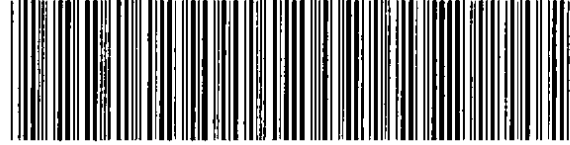
Special Instructions to Filing Officer.

11/13/23

10/11/23

wrong form

Office Use Only



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07/27/23--01004--010 \*\*52.50

S. CHATHAM  
NOV 21 2023

FILED  
2023 NOV 13 PM 4:07  
SECRETARY OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 20, 2023

GEORGE MICHAILIDIS  
117 AUBURN RD  
FORT WALTON BEACH, FL 32547 US

SUBJECT: LOANMOO LLC  
Ref. Number: L23000014461

We have received your document for LOANMOO LLC. However, the document has not been filed and is being returned for the following:

You cannot submit articles of correction for document that hasn't been filed. Please fill out the enclosed document.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham  
Regulatory Specialist III  
Director's Office

Letter Number: 623A00024419



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 11, 2023

GEORGE MICHAILIDIS  
117 AUBURN RD  
FORT WALTON BEACH, FL 32547 US

SUBJECT: LOANMOO LLC  
Ref. Number: L23000014461

We have received your document for and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham  
Regulatory Specialist III  
Director's Office

Letter Number: 323A00020737

OCT 10 2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LOANMOD 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:

GEORGE MICHAÏLIDIS  
(Contact Person)

LOANMOD LLC  
(Firm/Company)

117 AUBURN RD  
(Address)

FORT WALTON BEACH, FL. 32547  
(City/State and Zip Code)

For further information concerning this matter, please call:

GEORGE MICHAÏLIDIS at (850) 812-2809  
(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

**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: LOANMOO

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

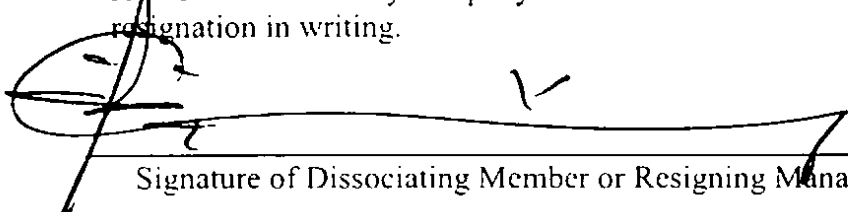
L230000014461

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/29/23

4. I, George Michalidis, hereby withdraw/resign as a  
(Print Name of Person Resigning)

AMBR / MEMBER  
(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)

**FILED**  
2023 NOV 13 PM 4:07  
SECRETARY OF STATE  
TALLAHASSEE, FL