

L23 0000 20176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

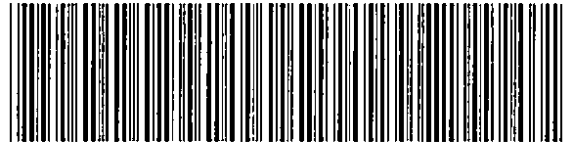
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/23/23--01013--011 **25.00

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2023 JUN 23 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FL

[Handwritten signature]

FLORIDA INDIVIDUAL ACKNOWLEDGMENT

F.S. 117.05(13)

State of Florida

County of

Broward }

The foregoing instrument was acknowledged before me by means of

☒ Physical Presence,

— OR —

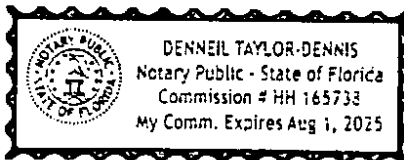
☐ Online Notarization,

this 7 day of June, 2023, by
Date Month Year

Henessis Rodriguez
Name of Person Acknowledging

Denneil Dennis
Signature of Notary Public - State of Florida

Denneil Dennis
Name of Notary Typed, Printed or Stamped



Place Notary Seal Stamp Above

☐ Personally known

☒ Produced Identification

Type of Identification Produced: FL
Driver License

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document:

Document Date:

Number of Pages:

Signer(s) Other Than Named Above:

dissociation or resignation of member.
manager form FL or LLC
6/7/2023
2
No other signer

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Phantom Property Holdings

(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:

Johan Sierra

(Contact Person)

Phantom Property Holdings

(Firm/Company)

13225 SW 111th Terrace Apt 2

(Address)

Miami, Florida 33186

(City/State and Zip Code)

For further information concerning this matter, please call:

Johan Sierra

(Name of Contact Person)

786 439 6011
at (_____) _____

(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: Phantom Property Holdings LLC
2. The Florida document/registration number assigned to this limited liability company is:
L23000020176
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 06/07/2023
4. I, Henessis Rodriguez, hereby withdraw/resign as a
(Print Name of Person Resigning)
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)

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SECRETARY OF STATE
TALLAHASSEE, FL

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