

L 23000047679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

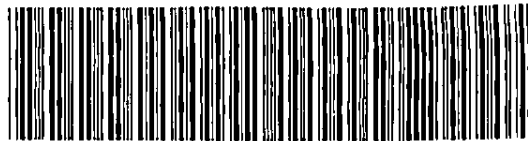
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wmills

Office Use Only



000429839990

05/15/24--01006--014 **25.00

FILED
2024 MAY 15 AM 11:57
SEC. 10-15-24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 6831 NW 113TH COURT 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:

Liliana V. Avellan, Esq.

(Contact Person)

Liliana V. Avellan P.A.

(Firm/Company)

PO Box 836657

(Address)

Miami FL 33283

(City/State and Zip Code)

For further information concerning this matter, please call:

Liliana V Avellan

at (305) 271-3760

(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: 6831 NW 113TH COURT LLC

2. The Florida document/registration number assigned to this limited liability company is: L23000047679

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 05/09/2024

4. I, ROGER ABBLOUD, 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.

DocuSigned by:

Roger Abboud

5/9/2024

Signature of Dissociating Member or Resigning Manager

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

FILED

2024 MAY 15 AM 11:57
TALLAHASSEE
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS