## L23000102717

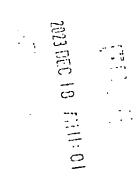
(Requestor's Name)				
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(Ad	dress)	<del></del>		
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
Seminole Season ELC SUBJECT:	
	Limited Liability Company)
The enclosed member, resignation or diss	ociation and fee(s) are submitted for filing.
Please return all correspondence concerni	ng this matter to:
Paulsa D Brickner	
(Contact Person)	<del>-</del>
Seminole Season LLC	
(Firm/Company)	
5771 Rose Garden Rd	
(Address)	<del></del>
Cape Coral, Fl 33914	
(City/State and Zip Code)	
For further information concerning this m	atter, please call:
Paula D Brickner	239 218-1181 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payabl	le to the Florida Department of State for:
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Fig. Box 6327 Fallahassee, FL 32314	2415 N. Monroe Street, Suite 810
Cananassec, 1 12 5/25/17	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)

0	e limited liability company as note Season LLC	it appears on the records of the	: Florida Department
		signed to this limited liability c	company is:
Marthau I Reich	mar	igned or will withdraw/resign is, hereby withdraw/resign a	
Authorized Mem	ber (Print Title)	e limited liability company has	2023 DE
resignation in wa			8 7711111111111111111111111111111111111
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	mig :vialiagei	