

L23 000 217192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

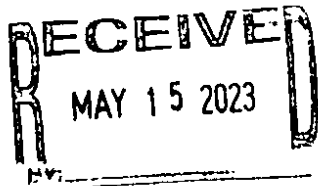
(Business Entity Name)

(Document Number)

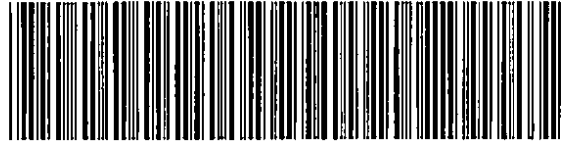
Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

A handwritten signature in black ink, consisting of a large, stylized 'd' followed by a horizontal stroke.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 21, 2023

JONATHAN MATTHEWS
20650 FRUITFUL DR
ESTERO, FL 33928

SUBJECT: STAXAMO LLC
Ref. Number: L23000217192

We have received your document for STAXAMO LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 623A00016400

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AUG 16 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Staxamo
(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:

Jonathan Matthews

(Contact Person)

Staxamo

(Firm/Company)

20650 fruitful dr

(Address)

Florida 33928

(City/State and Zip Code)

For further information concerning this matter, please call:

Jonathan Matthews

(Name of Contact Person)

at (239) 850-2770

(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

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SECRETARY OF STATE
TALLAHASSEE, FL

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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: Staxamo

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

L23000217192

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 05/11/2023

4. I, Rocio Alfaro, 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.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)

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DIVISION OF STATE
TALLAHASSEE, FL