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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : DAVIS, SCHNITKER, REEVES & BROWNING, P.A.
Account Number : I19980000057
Phone : (850)973-4186
Fax Number : (850)973-8564

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED

2023 JUL 10 AM 10:00

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LANDMARK HOSPITALITY LLC

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JUL 11 2023

COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: LANDMARK HOSPITALITY 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:

ASHLEY CHANEY

(Contact Person)

LANDMARK HOSPITALITY LLC

(Firm/Company)

1100 TERRACE ST

(Address)

TALLAHASSEE, FL 32303

(City/State and Zip Code)

For further information concerning this matter, please call:

ASHLEY CHANEY

(Name of Contact Person)

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



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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: LANDMARK HOSPITALITY LLC

2. The Florida document/registration number assigned to this limited liability company is:
L23000312549

3. The date this member/manager withdrew/resigned or will withdraw/resign is: JULY 7, 2023

4. I, STEVEN BROWN, 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)

2023 JUL 10 PM 3:00