

L23000476846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

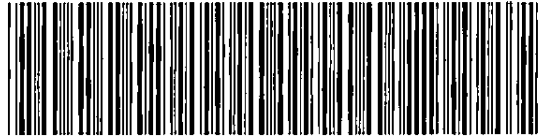
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

605-0209(5)

Office Use Only



600419169866

B. McKnight

1/5/24

FILED

2024 JAN -5 PM 12:32

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

1/5/24

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LIMANS CONSULTING 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:

JEFFREY ROSE  
\_\_\_\_\_  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

17416 SW 35TH CT  
\_\_\_\_\_  
(Address)

MIRAMAR FL 33029  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

JEFFREY ROSE at (954) 702-3588  
\_\_\_\_\_  
(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

FILED  
2024 JAN -5 PM 12:32  
SECRETARY OF STATE  
TALLAHASSEE, FL



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)

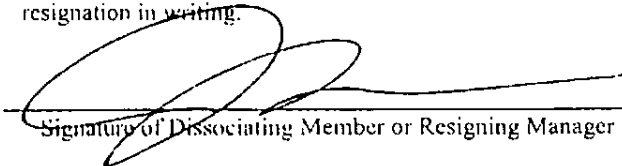
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: LIMANS CONSULTING LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L23000476846

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1/4/2024

4. I, JEFFREY ROSE, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
AMBR or ANY ASSOCIATION  
*(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)

FILED  
2024 JAN -5 PM 12:32  
SECRETARY OF STATE  
TALLAHASSEE, FL