

L24000123545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

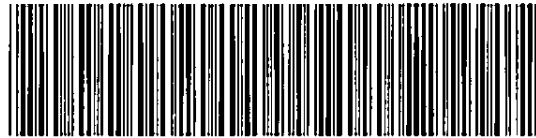
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500425631765

RECEIVED
MAR 25 AM 9:30
TALLAHASSEE, FL

RECEIVED
2021 MAR 25 PM 2:19
DIRECTOR'S OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

R. HUNT
03/21/21

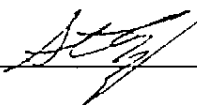
CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

HOUSE OF 1919, LLC

Please Debit FCA000000003 For: 25

Thank you Seth Neeley



Art of Inc. File _____
LTD Partnership File _____
Foreign Corp. File _____
L.C. File _____
Fictitious Name File _____
Trade/Service Mark _____
Merger File _____
☒ Art. of Amend. File _____
RA Resignation _____
Dissolution / Withdrawal _____
Annual Report / Reinstatement _____
Cert. Copy _____
☒ Photo Copy _____
Certificate of Good Standing _____
Certificate of Status _____
Certificate of Fictitious Name _____
Corp Record Search _____
Officer Search _____
Fictitious Search _____
Fictitious Owner Search _____
Vehicle Search _____
Driving Record _____
UCC 1 or 3 File _____
UCC 11 Search _____
UCC 11 Retrieval _____
Courier _____

RECEIVED
SEP 27 AM 9:30
STATE
OFFICE
TALLAHASSEE
FL

Signature

Requested by:

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

1100 Ponderosa Drive • Tallahassee, FL 32301

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: House of 1919, 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:

Christina Lada

(Contact Person)

Pilot House

(Firm Company)

2526 Pinetta Court

(Address)

Holiday, FL 32689

(City State and Zip Code)

For further information concerning this matter, please call:

Christina Lada

(Name of Contact Person)

860 7161492

(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

STATE
OFFICE, FL
2019 02 25 AM 9:30



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: House of 1919, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L24000123545

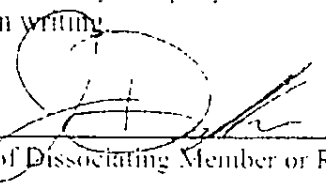
3. The date this member manager withdrew/resigned or will withdraw/resign is: 03/25/2024

4. I, Jessica Dylla, hereby withdraw/resign as a
(Print Name of Person Resigning)

Associated Member

(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)

RECEIVED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
MAR 25 2024 AM 9:30
TALLAHASSEE, FL