

L21000004697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

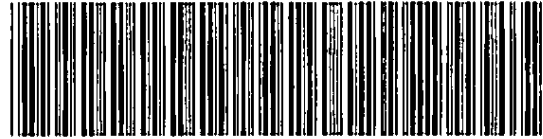
(Business Entity Name)

(Document Number)

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CLERK OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Scheepers 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:

David Maass  
\_\_\_\_\_ (Contact Person)

Alley, Maass, Rogers & Lindsay, PA  
\_\_\_\_\_ (Firm/Company)

340 Poinciana Way - Suite 321  
\_\_\_\_\_ (Address)

Palm Beach, FL 33480  
\_\_\_\_\_ (City/State and Zip Code)

For further information concerning this matter, please call:

David Maass \_\_\_\_\_ 561 \_\_\_\_\_ 659-1770  
at ( \_\_\_\_\_ ) \_\_\_\_\_  
(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



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2023 JAN 17 AM 8:26

FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE  
DIVISION OF CORPORATIONS TALLAHASSEE, FL

**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: Scheepers LLC

2. The Florida document/registration number assigned to this limited liability company is: L21000004697

3. The date this member/manager withdrew/resigned or will withdraw/resign is: Dec 31, 2022

4. I, Marguerite Waite, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MGR  
*(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)