116000223671

(Requestor's Name)
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(City/State/Zip/Phone #)
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SECRETARY OF STATE
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HARRIS

COVER LETTER

Division of Corporations	
SUBJECT: 911 PROPERTY RESC	U6 UC Company)
The enclosed member, resignation or dissociation and for	ee(s) are submitted for filing.
Please return all correspondence concerning this matter	to:
CANILO ARISTIZAGAL (Contact Person)	
911 PROPERTY RESCUE, LLC (Firm/Company)	 .
333 UNIVERSITY DRIVE #101	
CORAL GABLES FL 33/34 (City/State and Zip Code)	
For further information concerning this matter, please ca	all:
(Name of Contact Person) (Area Contact Person)	S) 397 - 7088 ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Florid \$25 Filing Fee \$55 Fil	la Department of State for: ling Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301

TO: Registration Section



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 a	as it appears on the records of the	he Florida Department
of State is:	911 PROPERTY	PESCUE, LLC	,
2. The Florida docu	nment/registration number a	assigned to this limited liability	company is:
L16000	223671		
3. The date this me	mber/manager withdrew/re	esigned or will withdraw/resign	is: 3/15/2017
	n 10 m. 1	, hereby withdraw/resign	,
MANA	GHR (Print Title)		
of this limited lial resignation in wri		the limited liability company ha	2017 AE: 2017
B-9			HAY 17 CRETARI
Signature of Di	ssociating Member or Resi	gning Manager	SEEF SEEF
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		9: 12 STATE LORIDA