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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: RAMPART PROPERTY PAVETNERS 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:
Lauis STARACE (Contact Person)
RAMPART PROPERTY PRIETRES LLC (Firm/Company)
6231 PGA BIVA Switz 104-123
PAIM Beach GARDENS, FL 33418 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (\(\(\sigma \) \(\sigma \) (\(\delta \) (\(\delta \) (\(\delta \) \(\delta \) (\(\delta \) (\(\delta \) (\(\delta \) \) (\(\delta \) (\(\delta \) (\(\delta \) (\(\delta \) \) (\(\delta \) (\(\delta \) (\(\delta \) (\(\delta \) (\(\delta \) \) (\(\delta \) (\(\delta \) (\(\delta \) (\(\delta \) \) (\(\delta \) (\(\delta \) (\(\delta \) \) (\(\delta \) (\(\delta \) (\(\delta \) (\(\delta \) (\(\delta \) \) (\(\delta \) (\(\delta \) (\(\delta \) (\(\delta \) (\(\delta \) \) (\(\delta \) \) (\(\delta \) (\(\delta \) (\(\delta \) (\(\delta \) (\(\delta \) \) (\(\delta \) (\(\delta \) (\(\delta \) (\(\delta \) (\(\delta \) \) (\(\delta \) \) (\(\delta \) (\delta \) (\(\delta \) (\(\delta \) (\(\delta \) (\delta \) (\delta \) (\(\delta \) (\delta \) (\(\delta \) (\delta \)
Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee S55 Filing Fee & Certified Copy
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314



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 c	ompany as it appea	rs on the records of th	ne Florida Department
of State is: R	AMPART	PROFERETY	PARTNERS	il 6
2. The Florida doc	ument/registration	number assigned to	o this limited liability	company is:
11900	00/032	JO .		
3. The date this me	ember/manager wi	thdrew/resigned or	will withdraw/resign	is: $\frac{5/26/20}{}$
			ereby withdraw/resign	2
of this limited tia resignation in wr	iting.	d affirm the limited	I liability company ha	s been notified of my
Signature of D	issociating Membe	er or Resigning Ma	nager	
Filing Fee: Certified Copy:	\$25.00 (Requi \$30.00 (Option	red) nal)		2020 JU