119000133523

(Requ	uestor's Name)	
(Addr	ress)	
(Addr	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Section Division of Corporations

Tallahassee, Florida 32301

CR2E079 (2/14)

Arium Real Estate LLC				
SUBJECT: (Name of Limited Liability Company)				
The enclosed member, resignation or dissociation	n and fee(s) are submitted for filing.		
Please return all correspondence concerning this	matter to:			
Thomas Dwayne Byrd				
(Contact Person)		-		
ARIUM Real Estate LLC				
(Firm/Company)		-		
2859 Anjar Ave SW				
(Address)		_		
Palm Bay, FL 32908				
(City/State and Zip Code)		_		
For further information concerning this matter, p	lease call:			
Thomas Dwayne Byrd	321 (361-9542		
(Name of Contact Person)	Area Code	& Daytime Telephone Number)		
Enclosed please find a check made payable to the ■ \$25 Filing Fee		Department of State for: Fee & Certified Copy		
STREET/COURIER ADDRESS: Registration Section Division of Corporations		MAILING ADDRESS: Registration Section Division of Corporations		
Clifton Building		P.O. Box 6327		
2661 Executive Center Circle		Tallahassee, Florida 32314		

SECRETARY OF STATE OF CORPORATION



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:
2.	The Florida document/registration number assigned to this limited liability company is: L19000133523
3.	The date this member/manager withdrew/resigned or will withdraw/resign is: 6/23/19
4.	Lesley J Byrd I,, 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

\$25.00 (Required) \$30.00 (Optional) aryisiak ta conformis 10 Nikopa PK 3: 57

CR2E079 (2/14)

Filing Fee: Certified Copy: