## 122000193536

(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



500395152395

09/28/22--01019--005 \*\*25.00

Y: 139

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 2G Realty LLC	
(Name of Limited	Liability Company)
The enclosed member, managing member or matiling.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
Roberta Escalon	
(Contact Person)	
2G Realty LLC	
(Firm/Company)	
5175 Stagecoach Dr	
(Address)	
Coconut Creek FI 33073	
(City-State and Zip Code)	
For further information concerning this matter,	please call:
Roberta Escalon	785 8619
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t	he Florida Department of State for:
✓ \$25 Filing Fee	\$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5.06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the of State is: 2G	limited liability company as it appears on the records of the Flo Realty LLC	orida Department
	ility company was organized under the laws of: oto of State, Division of corporations	
3. The Florida doci L22000193	ument/registration number of this limited liability company is:	
4. I, Ynes Agrel		
of this limited liab	bility company and affirm the limited liability company has been	
<del></del>	gning Member, Managing Member or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	