L22000328778

———————————————
(Requestor's Name)

———————————————
(Address)

———————————————
(Address)

———————————————
(City/State/Zip/Phone #)

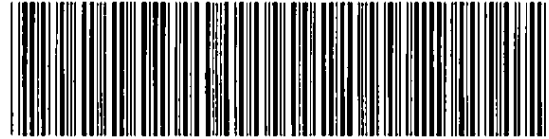☐ PICK-UP   ☐ WAIT   ☐ MAIL

———————————————
(Business Entity Name)

———————————————
(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1912 High Point 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:

Michael Fitch
_____
(Contact Person)

1912 High Point LLC
_____
(Firm/Company)

1912 High Point Dr
_____
(Address)

Sarasota, FL 34236
_____
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Fitch   480   544-0137
_____ 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:	**Street Address:**
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

CR2E079 (2/14)

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY
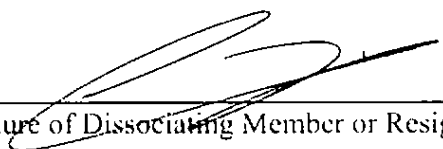
(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: 1912 HIGH POINT LLC _____.

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

   L22000328778 _____.

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/9/2023 _____

4. I, Gregory Orquera _____, hereby withdraw/resign as a
   (Print Name of Person Resigning)

   Manager
   _____.
   (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)

FILED
2023 OCT 13 AM 8:20
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

CR2E079 (2/14)