# (02-0000 22058

(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
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## COVER LETTER TO: Registration Section Division of Corporations SUBJECT: Strive Properties, LLC (Name of Limited Liability Company) The enclosed member, managing member or manager resignation and fee(s) are submitted for Please return all correspondence concerning this matter to:

For further information concerning this matter, please call:

Derek Schwartz	at ( 954 ) 480-9602
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
	ble to the Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
	Certified Copy

#### STREET/COURIER ADDRESS:

**Registration Section Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

**MAILING ADDRESS:** 

**Registration Section Division of Corporations** P.O. Box 6327 Tallahassee, Florida 32314

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filing.



### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company as it ve Properties, LLC	appears on the records	of the Flori	da Department	
2. This limited liabi	lity company was organized u	ander the laws of:		2007 JU SECR TALLA	eri er
3. The Florida docu _L02000022	ment/registration number of t	his limited liability con	npany is:	2001 JUN - T AM II: OU SECRETARY OF STATE TALLAMASSEE, FLORIE	
4. I, John Miller	me of Person Resigning)	, hereby resign as a	Manage (Print	Tule)	
of this limited liab	ility company and affirm the		ny has been	notified of my	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				