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COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: Tiki Properties L.L.C.	
	nited Liability Company)
•	7 1 27
The enclosed member, resignation or dissoci	iation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Narcissa Szucko	
(Contact Person)	
(Firm/Company)	
,, ,	
1023 NE 34th Street	
(Address)	
(//dd/c55)	
Cana Caral El 22000	
Cape Coral, FL 33909 (City/State and Zip Code)	
(Chy/State and Zip Code)	
For further information concerning this matt	ter, please call:
Narcissa Szucko	_{at (} 239) 410-9780
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
,	, , , , , , , , , , , , , , , , , , , ,
Enclosed please find a check made payable t	to the 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 (2/14)



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: Tiki	Properties, L.L.C
2. The Florida doci	ment/registration number assigned to this limited liability company is:
L0400002463	4
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 05-01-2018
4. I. Narcissa Poo	dkowik, hereby withdraw/resign as a
Title MGRM	
•	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
ilsre	echo
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)