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| (Requestor's Name) | | | | |
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| PICK-UP WAIT MAIL | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

| TO: | Registration Section | | |
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| | Division of Corporations | | |
| SUBJE | | | |
| | (Name of Lim | ited Liability Co | mpany) |
| The enc | closed member, resignation or dissoci | ation and fee(| s) are submitted for filing. |
| Please r | return all correspondence concerning | this matter to: | |
| Robert | D. Bryant | | |
| | (Contact Person) | | _ |
| Bryant | Group Properties LLC | | |
| | (Firm/Company) | ······································ | |
| 107 SV | V 56th Terrace | | |
| | (Address) | | _ |
| Cape 0 | Coral, Florida 33914 | | |
| | (City/State and Zip Code) | | na- |
| For furt | her information concerning this matt | er, please call: | |
| Robert | D. Bryant | 239 | 850-9006 |
| | (Name of Contact Person) | _ \ | & Daytime Telephone Number) |
| | ed please find a check made payable t Filing Fee | | Department of State for: g Fee & Certified Copy |
| | CT/COURIER ADDRESS: | | MAILING ADDRESS: |
| _ | ation Section n of Corporations | | Registration Section Division of Corporations |
| | Building | | P.O. Box 6327 |
| | Recutive Center Circle | | Tallahassee, Florida 32314 |
| Tallahas | ssee, 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)

| | he limited liability company yant Group Properties LLC | as it appears on the records of the Florida Departmen C | t |
|----------------------------------|--|--|-------|
| 2. The Florida do | - | r assigned to this limited liability company is: | |
| 4. I, Brenda M. (Prin Managing M | Bryant t Name of Person Resigning) Member (Print Title) liability company and affirm | resigned or will withdraw/resign is: April 12:2018 April 13:2018 April 14:2018 April 14:2018 | FILED |
| Signature of | Dissociating Member or Res | signing Manager | |
| Filing Fee: | \$25.00 (Required) | | |

Certified Copy:

\$30.00 (Optional)