## L0400053208

(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:				





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11/10/20--01020--007 \*\*25.00

FILED
2020 NOV 10 PM 2:11

C2210 (27)

## **COVER LETTER**

_	stration Section sion of Corporations		
DIVI	sion of Corporations		
SUBJECT:	Plunkett Properties LLC		
		Limited Liability Co	ompany)
The enclosed	d member, resignation or dis	sociation and fee(	(s) are submitted for filing.
Please return	all correspondence concern	ing this matter to	:
John Tuffy			
	(Contact Person)	<u></u>	_
	(Firm/Company)		_
6022 SW 35th	Ct		
	(Address)		_
Miramar Fl 33	023		
	(City/State and Zip Code)		_
For further i	nformation concerning this r	natter, please call	:
John Tuffy		786 at (	4731003
7)	Jame of Contact Person)	·-	e & Daytime Telephone Number)
Enclosed ple	ease find a check made payal g Fee		Department of State for:  ng Fee & Certified Copy
	ng Address:		Street Address:
	stration Section sion of Corporations		Registration Section Division of Corporations
P.O.	Box 6327		The Centre of Tallahassee
Talla	hassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



## 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 a	is it appears on the record	ds of the Florida Department		
of State is: Plunk	ett Properties LLC				
	ument/registration number a	assigned to this limited li	ability company is:		
L04000053208					
3. The date this me	mber/manager withdrew/re	signed or will withdraw/	resign is:		
4. I		, hereby withdraw	_, hereby withdraw/resign as a		
(Print N	ame of Person Resigning)				
Manager					
	(Print Title)				
of this limited lia resignation in wr		he limited liability comp	any has been notified of my		
			2020 NOV 10		
Signature of Di	ssociating Member or Resi	gning Manager	V		
<del>-</del>	\$25.00 (Required) \$30.00 (Optional)		PH 2:		
ceranica copy.	asoloo (Optional)				