## LU5000058209

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PICK-UP	☐ WAIT	MAIL		
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Office Use Only



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JAN 23 2021 S. YOUNG



## **COVER LETTER**

TO: Registration Section Division of Corporations	
Division of Corporations	
SUBJECT: Tampa Properties LLC	
(Name of Limited L	iability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this r	natter to:
J. Pat Torrence	
(Contact Person)	<del></del>
Tampa Properties LLC	
(Firm/Company)	<del></del>
117 S. Pearl street	
(Address)	<del></del>
Granville, Ohio 43023	
(City/State and Zip Code)	
For further information concerning this matter, pl	ease call:
Pat torrence	813 4946978
	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	Florida Department of State for;
■ \$25 Piling Fee	\$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section
P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

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 li	mited liability company as it a	appears on the records of the F	lorida Department
of State is: Tampa l	Properties LLC		·
2. The Florida docum	nent/registration number assig	ned to this limited liability cor	mpany is:
L05000	058209	<del>_</del> ·	
3. The date this mem	ber/manager withdrew/resigno	ed or will withdraw/resign is:	10/31/20
		_, hereby withdraw/resign as	a
PARTN	rint Title)		
of this limited liabil resignation in writi		mited liability company has be	een notified of my
Milas	1 Mgs		2920 DEC
Signature of Diss	ociating Member or Resigning	g Manager	- BB - 17
Filing Fee: Certified Copy:	•		-8 PH -:
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