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COVER LETTER

	_	stration Section tion of Corporations		
SUBJE	CT:	North Port Commerce Partn	ers, LLC	
0000		(Name of Lim	ited Liability Co	mpany)
The enc	losec	l member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please r	return	all correspondence concerning	this matter to:	:
Thoma	as M	Dryden		
		(Contact Person)		_
Thoma	as M	Dryden, P.L.		
		(Firm/Company)		_
1705 C	Color	nial Blvd., B-3		
		(Address)		_
Fort M	yers,	FL 33907		
		(City/State and Zip Code)		_
For furt	her ir	nformation concerning this matte	er, please call	;
Thoma	as Dr	yden	239	337-2001
	(N	ame of Contact Person)		e & Daytime Telephone Number)
Enclose		ase find a check made payable t g Fee		Department of State for: g Fee & Certified Copy
STREE	ET/C	OURIER ADDRESS:		MAILING ADDRESS:
Registra				Registration Section
Division Clifton		Corporations ling		Division of Corporations P.O. Box 6327
		ive 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)

	th Port Commerce Partner	it appears on the records of the s, LLC		·
L0500010989	7	signed to this limited liability ed		
3. The date this me 4. I. Genesis Am	ember/manager withdrew/resi erica Holdings, LLC Same of Person Resigning)	igned or will withdraw/resign is:, hereby withdraw/resign as	1/1/17 a	7 (S) 27 AM
Member 	(Print Title)			6.4 :8: #
resignation in wr	riting.	e limited liability company has b	een notif	fied of my
Signature of D	Mautitu my. issociating Member or Resign	ning Manager		
	\$25.00 (Required) \$30.00 (Optional)			