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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CAGS PROPERTY SERVICES, LLC (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Alexandra Goodwin (Contact Person)
CAGS PROPERTY SERVICES, LLC (Firm/Company)
8911 NW 19th Street (Address)
(Chrystate and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (954) 860-6354 (Area Code & Daytime Telephone Number)
Inclosed please find a check made payable to the Florida Department of State for: S55 Filing Fee & Certified Copy
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314



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	s it appears on the reco	rds of the Florida Departmen
of State is: O	AGS PROPERTY	SERVICES,	LLC .
2. The Florida doce	ument/registration number a	ssigned to this limited	liability company is:
76-082	9754	<u>. </u>	
3. The date this me	mber/manager withdrew/res	signed or will withdraw	/resign is: 9/23/22
	Supplied Wind Supplied Supplie		
Authoria	ed Member (Print Title)		
of this limited lia resignation in wr		ne limited liability com	pany has been notified of my
Hem for	odun ssociating Member or Resig		
✓ (Signature of Di	ssociating Member or Resig	ming Manager	
_	\$25.00 (Required)		2072
Certified Copy:	\$30.00 (Optional)		