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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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COVER LETTER

TO: Registration Section				
Division of Corporations				
SUBJECT: /5T PLACE PROP	PERTY MANAGEMENT LLC			
(Name of	Limited Liability Company)			
The enclosed member, resignation or diss	sociation and fee(s) are submitted for filing.			
Please return all correspondence concerni	ing this matter to:			
DAVID PHELPS				
(Contact Person)				
1ST PLACE PROPERTY MA (Firm/Company)	NAGEMENT, LLC			
934 N. UNIVERSITY D	DRIVE, #120			
(Address)				
CORAL SPRINGS, A	2024 FEB 28 PH 3: 54 at (954) 346-1951			
(City/State and Zip Code)				
For further information concerning this m	natter, please call:			
	at (<u>954</u>) <u>346-195/</u> 변			
DAVID PHELPS				
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed please find a check made payab	le to the Florida Department of State for:			
☐ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			
Mailing Address:	Street Address:			
Registration Section	Registration Section			
Division of Corporations Division of Corporation				
P.O. Box 6327	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	limited liability of	company as it app	ears on the records of the	Florida Department
of State is:	ST PLACE	PROPERTY	MANAGEMENT,	LLC
2. The Florida docu	ument/registration	number assigned	d to this limited liability co	ompany is:
L06000	039082			1
3. The date this me	ember/manager wi	thdrew/resigned	d to this limited liability co or will withdraw/resign is: hereby withdraw/resign as	12/31/23
4. 1, <u>5AANNO</u> (Print N	ame of Person Resig	ning)	nereby withdraw/resign as	
М	GR	··		
		nd affirm the limi	ted liability company has t	peen notified of my
Anar	yun Br	who		
Signature of Di	ssociating Memb	er of Resigning N	Manager	
Filing Fee:				
Certified Copy:	\$30.00 (Optio	nal)		