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(Requestor's Name) (Address) (Address)	100301743111	
(City/State/Zip/Phone #)	07/28/1701015016 ** 55.00	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	17 JUL 28 AM	
Special Instructions to Filing Officer:	AH II-49	
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: NORTH PORT COMMERCE II, 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:

MARY VLASAK SNELL

(Contact Person)

PAVESE LAW FIRM

(Firm/Company)

1833 HENDRY STREET

(Address)

FORT MYERS, FL 33901

(City/State and Zip Code)

For further information concerning this matter, please call:

MARY VLASAK SNELL	239	336-6255
	at (_)
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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 company as it appears on the records of the Florida Department of State is: _____

2. The Florida document/registration number assigned to this limited liability company is: LO6000076744

3. The date this member/manager withdrew/resigned or will withdraw/resign is: JULY 18, 2017

JEFFERSON E. ROMER_____, hereby withdraw/resign as a (Print Name of Person Resigning) 4. I.

MANAGER

(Print Title)

ō of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

AM II:

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)