LD6000095576

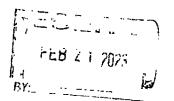
(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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 Flo	orida Department
of State is:	PARAMOUNT REALTY SALI	ES, LLC	·
	ument/registration number as .06000095576	ssigned to this limited liability com	pany is:
3. The date this member/manager withdrew/resigned or will withdraw/resign is:			12/31/2022
4. I,	/IAN CABRERIZO	, hereby withdraw/resign as a	
(Print N	lame of Person Resigning)		
	Member		
(Print Title)			
of this limited lia resignation in wr		e limited liability company has bee	n notified of my
Signature of Di	ssociating Member or Resig	ning Manager	F18 22
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		PH 1:20