L06000103897

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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10/13/20--01014--007 **25.00

2020 OCT 13 PH 1:26

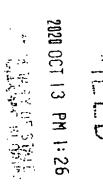
NOV 18 2020 M. SOLOMON

COVER LETTER

-	stration Section tion of Corporations				
SUBJECT:	Resignation of officer				
	(Name of Limited Liability Company)				
The enclosed	l member, resignation or dissociation	and fee(s) are submitted for fili	ng.	
Please return	all correspondence concerning this	matter to:			
Cesare Croci					
	(Contact Person)		_		
CROCI REAL	ESTATE, LLC				
	(Firm/Company)		<u> </u>		
11600 adelmo	lane suite 1			2020 OCT 13	
	(Address)		-	100 T	
Fort Myers fl 3	33966				
	(City/State and Zip Code)		<u> </u>	6 PM 1: 20	
For further in	nformation concerning this matter, p	ease call:		1:26	
Cesare Croci	at (239	2783066		
(N		Area Code	e & Daytime Telephone N	lumber)	
Enclosed ple \$25 Filing	ase find a check made payable to the g Fee		Department of State for g g Fee & Certified Copy		
Regis Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 hassee, FL 32314		Street Address: Registration Section Division of Corporation The Centre of Tallaha 2415 N. Monroe Street Tallahassee, FL 32303	ssee et, Suite 810	



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)

	e limited liability company	as it appears on the records of the Florida Department
of State is:		
2. The Florida doc L06000103897	ument/registration number	r assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/	resigned or will withdraw/resign is:
4. I, gil morzaniga		, hereby withdraw/resign as a
(Print)	Name of Person Resigning)	
manager		
	(Print Title)	±*
of this limited lia resignation in w		the limited liability company has been notified of my
Signature of D	issociating Member or Re	
- 3		
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	