

L07 0000 12759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

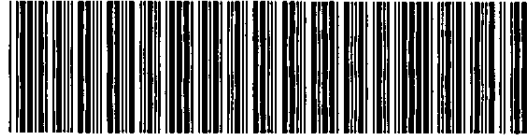
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 16 2015

J SHIVERS



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: Crowe's Nest Properties, LLC

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

L07000012359

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/15/15

4. I, Jarrett A Corona, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Authorized Representative  
(Print Title)

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

Jarrett A Corona

Signature of Dissociating Member or Resigning Manager

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

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