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S. WARREN JUN 2 3 2017

COVER LETTER

Registration Section Division of Corporations Certified Land Properties, LLC SUBJECT: (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: Scott Biederman (Contact Person) Certified Land Properties, LLC (Firm/Company) 749 SW 2nd Street (Address) Boca Raton, FL 33486 (City/State and Zip Code) For further information concerning this matter, please call: Scott Biederman (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ☐ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301

TO:



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 a	is it appears on the record	s of the Florida Department
of State is: <u>CEI</u>	RTIFIED LAND PROPER	FIES, LLC	·
2. The Florida doc	ument/registration number :	assigned to this limited li	ability company is:
1.0700008466	8		
3. The date this mo	emher/manager withdrew/re	esigned or will withdraw/i	resign is: May 24, 2017
4. I. <u>Duane</u> (Print i	M. Hennarichs Name of Person Resigning)	, hereby withdraw/	resign as a
Man	aging Member		
of this limited lie resignation in w	ability company and affirm triting.	the limited liability compa	any has been notified of my
Signature of P	issociating Member or Resi	oning Manager	.a
organitate open	issociating member of rees	ggaaget	7 July
Filing Fee:	\$25.00 (Required)		22
Certified Conv:	\$30.00 (Ontional)		<u></u>