L08000010750

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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TALL ANKESE WESTATE

AUG 2 9 2022

S. PRATHER

COVER LETTER

_	stration Section sion of Corporations			
SUBJECT:	ACTIVE PROPERTIES, LLC			
Sobster.	(Name of Limited Liability Company)			
The enclose	d member, resignation or dis	sociation and fee	e(s) are submitted for filing.	
Please retur	n all correspondence concern	ing this matter t	o:	
MARY L BAT	ΠSTA			
	(Contact Person)		_	
ACTIVE PRO	PERTIES LLC			
	(Firm/Company)		_	
3309 NE 33 S	TREET			
·	(Address)			
FORT LAUDI	ERDALE FL 33308 7109			
	(City/State and Zip Code)	-		
For further i	nformation concerning this r	natter, please cai	11:	
MARY L BAT	ΓISTA	754 at (218-0236	
17	lame of Contact Person)		de & Daytime Telephone Number)	
Enclosed plo ■ \$25 Filin	ease find a check made payat g Fee		Department of State for: ing Fee & Certified Copy	
Regi Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 thassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	



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)

	S limited liability company a	s it appears on the records of the Florida Department
2. The Florida doc L08000010750	rument/registration number a	assigned to this limited liability company is:
3. The date this mo	ember/manager withdrew/re	signed or will withdraw/resign is:
4. I, JAMES VILLA (Print)	RROEL Name of Person Resigning)	, hereby withdraw/resign as a
MGR	·	
of this limited lia resignation in wi	riting.	he limited liability company has been notified of my
Signature of P Filing Fee: Certified Copy:	issociating Member or Resig \$25.00 (Required) \$30.00 (Optional)	gning Manager