L08 0000 118716

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

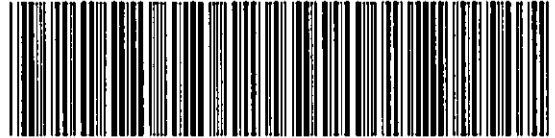☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

4/30/20

COVER LETTER

TO: Registration Section
        Division of Corporations

                        AMSTATE ADVANTAGE REALTY, 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:

    JACQUELINE J JULIANO
    _____
                (Contact Person)

    AMSTATE ADVANTAGE REALTY, LLC
    _____
                (Firm/Company)

    4049 DEL PRADO BLVD S
    _____
                (Address)

    CAPE CORAL, FL 33904
    _____
            (City/State and Zip Code)

For further information concerning this matter, please call:

    JACQUELINE JULIANO   239   561-7500
    _____ at (_____) _____
        (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

        Mailing Address: **Street Address:**
        Registration Section   Registration Section
        Division of Corporations   Division of Corporations
        P.O. Box 6327   The Centre of Tallahassee
        Tallahassee, FL 32314   2415 N. Monroe Street, Suite 810
                                            Tallahassee, FL 32303

CR2E079 (2/14)

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY
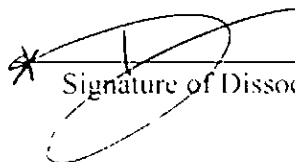(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: **AMSTATE ADVANTAGE REALTY, LLC** .

2. The Florida document/registration number assigned to this limited liability company is: **L08000011876** .

3. The date this member/manager withdrew/resigned or will withdraw/resign is: **4/13/2020**

4. I, **DON VIDUSSI** , hereby withdraw/resign as a
   (Print Name of Person Resigning)

   MANAGER .
   (Print Title)

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

_____
Signature of Dissociating Member or Resigning Manager

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

2020 APR 20 AM 11: 08

CR2E079 (2/14)