1080000 27724

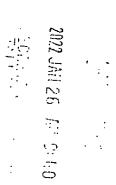
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
<u> </u>							
Special Instructions to Filing Officer:							
}							

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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT: Pour F	Properties of Florida, LLL imited Liability Company)
The er	nclosed member, resignation or disso	ociation and fee(s) are submitted for filing.
Please	e return all correspondence concernin	ng this matter to:
	Brett Isaa ((Contact Person)	
	(Firm/Company)	
	2191 University	, Blud. S
<u> </u>	Jacksonville, (City/State and Zip Code)	FL 32216
For fu	orther information concerning this ma	ntter, please call:
	Brett Isaac	at (9 0 4) 7 4 2 - 2 3 8 8 (Area Code & Daytime Telephone Number)
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclos \$25	sed please find a check made payable 5 Filing Fee	e to the Florida Department of State for: S55 Filing Fee & Certified Copy
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, 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)

1. The name of the	imited liability con	npany as it	appears on t	he records of	the Florida Department
of State is:	Loyal Prof	erties	of FLO	orida, LC	<u>C</u>
2. The Florida docu	ment/registration n	imber assi	gned to this I	imited liabili	ty company is:
_ L08	6000277	24			. / 1
3. The date this mer	nber/manager with	lrew/resigr	ed or will w	ithdraw/resig	n is: /2 / 2022
4. I. William Print No.	me of Person Resignin	<u></u>	, hereby w	cithdraw/resig	yn as a
Men	Print Title)	·			
	ility company and		imited liabil	ity company l	has been notified of my
X Wille	m Jewseph	<u>/</u>			
Signature of Dis	sociating Methber	or Resignit	ig Manager		7022
Filing Fee: Certified Copy:	•				2022 1321 28
• •					