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## COVER LETTER

	Registration Section Division of Corporations					
SUBJEC	NORTH PORT COMMERCE I, I	NORTH PORT COMMERCE I, LLC				
	(Name of Limited I	(Name of Limited Liability Company)				
The encl	osed member, resignation or dissociation	and fee(s)	are submitted for filing.			
Please re	eturn all correspondence concerning this	matter to:				
MARY	VLASAK SNELL					
	(Contact Person)		•			
PAVES	E LAW FIRM					
	(Firm/Company)		•			
1833 H	ENDRY STREET					
	(Address)		•			
FORT	MYERS, FL 33901					
	(City/State and Zip Code)	-	•			
For furth	ner information concerning this matter. p	lease call:				
MARY	VLASAK SNELL	239	336-6255			
	(Name of Contact Person)	Area Code	& Daytime Telephone Number)			
	d please find a check made payable to the filing Fee		epartment of State for: Fee & Certified Copy			
Registra Division Clifton I 2661 Ex	T/COURIER ADDRESS: tion Section of Corporations Building ecutive Center Circle see, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			

CR2E079 (2/14)



## 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:	RTH PORT COMMERCI	EI, LLC	
2. The Florida doc L0800003173	ument/registration number	assigned to this limited liability company is: 28 esigned or will withdraw/resign is:	
3. The date this me	ember/manager withdrew/r	esigned or will withdraw/resign is:	
4. I. WILLIAM RO	OMER	, hereby withdraw/resign as a	ည နာ
(Print N	Same of Person Resigning)		
MANAGER			
	(Print Title)	•	
of this limited lia resignation in wr		the limited liability company has been notified of my	
WG	22		
Signature of D	issociating Member or Res	igning Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		