LD8000087577

(Requesto	r's Name)
(Address)	
(Address)	
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	t Number)
Certified Copies	Certificates of Status
Special Instructions to Filing 0	Officer:

Office Use Only



200260565052

05/29/14--01012--017 **25.00

SECRET RELEASE STATE ORIDA

UC Member Resign

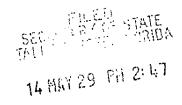
JUN 1 1 2014 T. CARTER

COVER LETTER

TO: **Registration Section Division of Corporations** Flamingo Realty And Recreational Properties LLC (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: P.R. Schick (Contact Person) (Firm/Company) 18434 NW 11 St (Address) Pembroke Pines, FI 33029 (City/State and Zip Code) For further information concerning this matter, please call: Roger Schick 5581071 (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 Tallahassee, Florida 32301

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)

l. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	ningo Realty And Recreational Properties LLC
2. The Florida doct L0800008757	ment/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
, Carrie Schick	A Dunkelberger, hereby withdraw/resign as a game of Person Resigning)
Manager	ame of Person Resigning)
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Cana	
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)
Cerunea Coby:	DJV.VV I VULIGIIAI I