L08000091945

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

Office Use Only

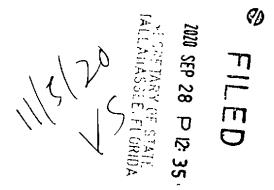


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COVER LETTER

_	stration Section sion of Corporations	•	
SUBJECT:	Commerce Way Property LLC		
SUBJECT.	(Name of I	imited Liability Co	ompany)
The enclosed	d member, resignation or disse	ociation and fee	(s) are submitted for filing.
Please return	all correspondence concerni	ng this matter to):
Mr. J. Trent			
	(Contact Person)		uka an-
	(Firm/Company)		_
P.O. Box 1425	3		
	(Address)		<u> </u>
North Palm Be	each. FL 33408		
	(City/State and Zip Code)		_
For further in	nformation concerning this m	atter, please call	l:
Angie Trent		561	510-4844
(N	ame of Contact Person)		le & Daytime Telephone Number)
Enclosed ple	rase find a check made payabl g Fee		Department of State for: ng Fee & Certified Copy
Regis Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 hassee, 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)

	limited liability company a nerce Way Property LLC	is it appears on the records of the	: Florida Department
		assigned to this limited liability o	company is:
3. The date this me	ember/manager withdrew/re	signed or will withdraw/resign is	7/1/20 s:
4. I. John Trent (Print N	iame of Person Resigning)	, hereby withdraw/resign a	
Authorized Memb	er (Print Title)		
of this limited lia resignation in wr	· · ·	he limited liability company has	been notified of my
Julia 14			
Signature of D	issociating Member or Resig	gning Manager	
	\$25.00 (Required) \$30.00 (Optional)		2020 A