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## **COVER LETTER**

•	on Section of Corporations			
SUBJECT: FLC	ORIDA FIFTH AND THIR			
	(Name of Lim	ited Liability Cor	mpany)	
The enclosed men	mber, resignation or dissoci	ation and fee(s	s) are submitted for filing.	
Please return all c	correspondence concerning	this matter to:		
Walter L. Morga	in		_	
	(Contact Person)	•	_	
Morgan, Olsen	& Olsen, LLP			
	(Firm/Company)		-	
633 S. Federal	Highway, #400A			
	(Address)		_	
Fort Lauderdale	e, FL 33301			
	(City/State and Zip Code)	<del></del>	_	
For further information concerning this matter, please call:				
Walter L. Morga	an	954 at (	524-3111	
(Name o	of Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclosed please fi ■ \$25 Filing Fee	ind a check made payable to		Department of State for: Fee & Certified Copy	
STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, Florid	orations Center Circle		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)

The name of the limited liability company as it appears on the records of the Florida Department of State is:    FLORIDA FIFTH AND THIRD, LLC
The Florida document/registration number assigned to this limited liability company is:  L09000002377
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 2/23/2018 4. I, Claremont Property Investments, LLC hereby withdraw/resign as a
(Print Name of Person Resigning)
MGRM
(Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Claremont Property Investments, LLC by: George Tavoularis, its Manager
Signature of Dissociating Member or Resigning Manager

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: