

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

Office Use Only



700300324637

Û8/19/17--01028--024 ••25.00



D SCOTT JUN 2 1 2017

## **COVER LETTER**

Divis	sion of Corporations			
SUBJECT:	Crestline Properties, LLC			
SOBJECT	(Name of Limited Liability Company)			
The enclosed	f member, resignation or dis-	sociation and fee(s	) are submitted for filing.	
Please return	all correspondence concern	ing this matter to:		
John LeBla	inc			
	(Contact Person)		-	
Crestline P	roperties, LLC			
	(Firm/Company)		-	
415 Maryla	nd Terrace			
	(Address)		-	
DeLand, Fl	_ 32720			
	(City/State and Zip Code)		-	
For further in	nformation concerning this n	natter, please call:		
Baerbel Le	Blanc	386	228-5147	
(N	ame of Contact Person)		& Daytime Telephone Number)	-
Enclosed ple \$25 Filing	ase find a check made payab Fee		epartment of State for: Fee & Certified Copy	<i>'</i> -

## STREET/COURIER ADDRESS:

Registration Section

TO:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, 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)

	limited liability company as	s it appears on the records of the Fl	orida Department 
2. The Florida docu		ssigned to this limited liability com	npany is:
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign is: _	)1/01/2015
Paorhal LaP	lanc	, hereby withdraw/resign as a	
Manager			
	(Print Title)		
of this limited lia resignation in wr		ne limited liability company has bee	en notified of my
Signature of Di	ssociating Member or Resig	ning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		·