

L09000048287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Resignation

JAN 16 2020

ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CTS Property Holdings 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:

Shimon Mazar

(Contact Person)

CTS Property Holdings LLC

(Firm/Company)

8320 W Sunrise Blvd, Suite 207

(Address)

Plantation, FL 33322

(City/State and Zip Code)

For further information concerning this matter, please call:

Shimon Mazar

954

397-3967

at ()

(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

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF DISSOCIATION/RESIGNATION

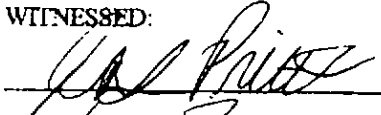
FLORIDA STATUTE 605.0216

CTS PROPERTY HOLDINGS LLC

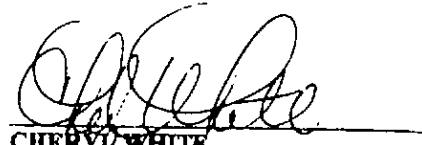
CHERYL WHITE

I, **CHERYL WHITE** hereby dissociate, resign, cancel, terminate, withdraw any and all of my rights and/or interests, including, but not limited to any Membership and/or Management interests in **CTS PROPERTY HOLDINGS, LLC**, and do hereby transfer and/or assign any and all said rights and/or interests back to the company and/or to **SHIMON MAZAR** and/or **TOM HUSTON**, their heirs, assigns, etc. effective immediately. I further authorize that all information, including addresses and tax related information be amended to reflect same with all governing bodies, including but not limited to the Florida Department of State, Division of Corporations; the IRS; and any and all other third parties. I hereby waive any objection related to the form of this instrument.

WITNESSED:



Jesus Prieto



CHERYL WHITE
DATED: 9/19/19

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this 19th day of September, 2019, by **CHERYL WHITE**, who is personally known to me, or has produced a valid driver's license as identification.

WITNESS my hand and official seal in the County and State last aforesaid.

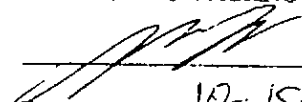


Jesus Prieto
Commission # GG 185625
Expires: March 14, 2022
Bonded thru Aaron Notary



Notary Public

NOTIFICATION ACKNOWLEDGED AND APPROVED BY **CTS PROPERTY HOLDINGS LLC**



Date: 10-15-19

FILED
2019 DEC 13 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA