

109 0000 48287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

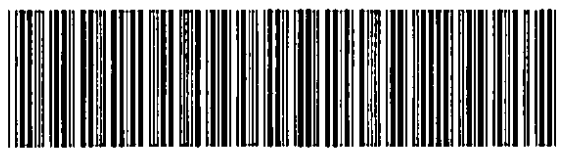
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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Dissociation
of
Member

MAR 03 2020

D CUSHING

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

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STATE OF FLORIDA
DIVISION OF CORPORATIONS



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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: CTS PROPERTY HOLDINGS LLC

2. The Florida document/registration number assigned to this limited liability company is:
LO9000048287

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1-23-2020

4. I, TOM HUSTON, hereby withdraw/resign as a
(Print Name of Person Resigning)

AUTHORIZED MEMBER.
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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DIVISION OF CORPORATIONS
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STATEMENT OF DISSOCIATION/RESIGNATION

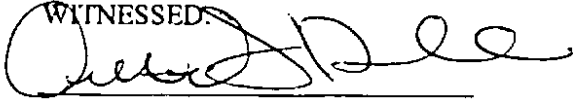
FLORIDA STATUTE 605.0216

CTS PROPERTY HOLDINGS LLC

TOM HUSTON

I, **TOM HUSTON**, 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**, 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:



Annette Bostar


TOM HUSTON

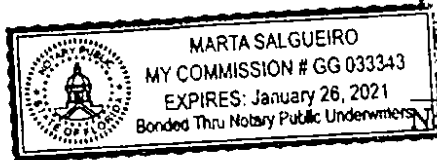
DATED: 1-10-2020

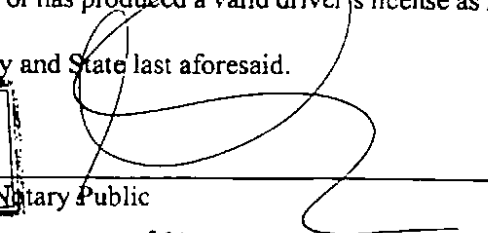
STATE OF FLORIDA

COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me this 10 day of January, 2020, by **TOM HUSTON**, 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.




Notary Public

MARTA SALGUEIRO

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


Date: 1-28-20