## 

(Re	equestor's Name)					
(Ac	ddress)					
(Ac	ldress)	<u></u>				
(City/State/Zip/Phone #)						
PICK-UP	WAIT .	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						
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12/08/14--01051--012 \*\*25.66



## 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 cor	npany as it appea	ars on the records o	f the Florida	Departr	ment	
of State is:	Proporty Co	m sult put.	5 AND Adu.	3075, LI	le	<u> </u>	
2. The Florida docu	ıment/registration n	umber assigned	to this limited liabil	lity company	is:		
4090	0000 699	<i>!</i>				,	
3. The date this me	mber/manager with  J. FARR ame of Person Resignin	drew/resigned or	will withdraw/resi	gn is: <u>/2-</u> ign as a	4-2	<u>0/</u> 4	
_	<b>2</b> (Print Title)						
of this limited lia resignation in wr	bility company and iting.	affirm the limite	d liability company	has been not	TAL SE	my	
Signature of Di	J. Fanussociating Member	or Resigning Ma	nnager		ARY ASSE	DEC -8 AM	
	\$25.00 (Require \$30.00 (Optiona				ST	н 7: 36	<u> </u>