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SECRE LARY OF STAIL DIVISION OF CORPORATIONS

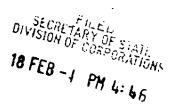
K. SALY FEB 2 2018

## **COVER LETTER**

TO: Registration Section Division of Corpor			
Top Service SUBJECT:	Property Manag	ement, LLC	
	(Name of Limi	ted Liability Co	ompany)
The enclosed member, res	gnation or dissocia	ition and fee	s) are submitted for filing.
Please return all correspon	dence concerning t	his matter to	:
David Menendez			
(Con	act Person)		<del>-</del>
(Firm	(Company)		_
2844 SW 183 Ave			
(A	ddress)	<del></del>	<del>_</del>
Miramar, FL. 33029			
(City/Sta	te and Zip Code)		_
For further information co	ncerning this matte	r, please call	:
David Menendez		786	333-5454
(Name of Contact	Person)	· · · — — —	e & Daytime Telephone Number)
Enclosed please find a che \$25 Filing Fee	ck made payable to		Department of State for: g Fee & Certified Copy
STREET/COURIER AD	DRESS:		MAILING ADDRESS:
Registration Section Division of Corporations			Registration Section Division of Corporations
Clifton Building			P.O. Box 6327
2661 Executive Center Cir Tallahassee, Florida 32301			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)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is: Top	Service Property Management
2. The Florida doc	ament/registration number assigned to this limited liability company is:
L0900008084	7
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
David Mener	ndez , hereby withdraw/resign as a
(Print N	, hereby withdraw/resign as a lame of Person Resigning)
Manager	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my using.
Signature of D	ssociating Member or Resigning Manager
_	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)