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## **COVER LETTER**

Registration Section

TO:

Division of Corporations	
SUBJECT: RUSSELL DRIVE APAIR (Name of Limited Liability Con	RT MENTS # 10, LLC.
The enclosed member, resignation or dissociation and fee(s	) are submitted for filing.
Please return all correspondence concerning this matter to:	
DARLENEM. RUSSELL (Contact Person)	-
RUSSELL DRIVE APARTMENTS (Firm/Company)	s # 10, LLC.
21623 BERWHICH RUN (Address)	_
ESTERO, FL 33928 (City/State and Zip Code)	_
For further information concerning this matter, please call:	
DARLENE RRUSSELL at (518 (Name of Contact Person) (Area Code	) 573-8777 & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida □ \$25 Filing Fee □ \$55 Filing	Department of State for: g Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

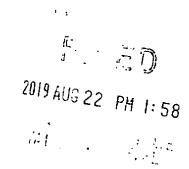
Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301







## 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:	RUSSELL DRIVE APARTMENTS # 10, LLC.	
2. The Florida docu	ument/registration number assigned to this limited liability company is:	
L100	000019767	
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:July 18, 20	019
4. I, FRAI	NKC. RUSSELL , hereby withdraw/resign as a lame of Person Resigning)	
	MEMBER. (Print Title)	
of this limited lial resignation in wri	bility company and affirm the limited liability company has been notified of my iting.	
Fary	L. C. Russell	
Signature of Di	ssociating Member or Resigning Manager	
-	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	