

L100000 24167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

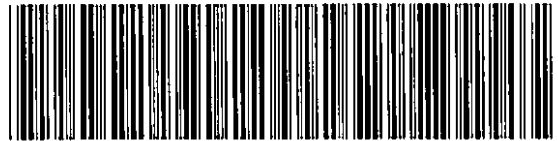
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800315031078

06/27/18--01001--023 \*\*25.00

FILED

2018 JUN 27 PM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

U.S.  
6-28-18

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SURE CLOSE REALTY, 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:

Paul Shaffer

(Contact Person)

SURE CLOSE REALTY, LLC

(Firm/Company)

245 W. Blue Springs Ave, Suite E

(Address)

Orange City, FL 32763

(City/State and Zip Code)

For further information concerning this matter, please call:

Paul Shaffer

(Name of Contact Person)

at ( 386 ) 736-3996

(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

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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




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: SURE CLOSE REALTY, LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L10000024167
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6/25/2018
4. I, Andrew Shaffer, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
MGRM  
*(Print Title)*

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

  
Signature of Dissociating Member or Resigning Manager

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

FILED  
2018 JUN 27 PM 10:00  
TALLAHASSEE, FLORIDA