1100000 41034

| (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: |
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Office Use Only



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COVER LETTER

CR2E079 (2/14)

| TO: Registration Section Division of Corporations | | | | |
|---|---|--|--|--|
| SUBJECT: New Tampa Bay Rentals, LLC | | | | |
| (Name of Limited Lia | oility Company) | | | |
| The enclosed member, resignation or dissociation a | nd fee(s) are submitted for filing. | | | |
| Please return all correspondence concerning this ma | atter to: | | | |
| Wade Cullis | | | | |
| (Contact Person) | | | | |
| New Tampa Bay Rentals, LLC | | | | |
| (Firm/Company) | | | | |
| 650 16th Street N | | | | |
| St. Petersburg, Fl. 33705 (City/State and Zip Code) | | | | |
| For further information concerning this matter, please call: | | | | |
| Wade Cullis at (| | | | |
| (Name of Contact Person) (Ar | rea Code & Daytime Telephone Number) | | | |
| Enclosed please find a check made payable to the F X \$25 Filing Fee \$5 | lorida Department of State for: 5 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 | e limited liability company | γ as it appears on the records of the Flo | orida Department |
|---|--|--|------------------|
| of State is: | New Tampa Bay Renta | als, LLC | |
| 2. The Florida doc | cument/registration number | r assigned to this limited liability com | pany is: |
| L1000004 | 1034 | · | 18 S. 18 |
| 3. The date this m | ember/manager withdrew/ | resigned or will withdraw/resign is: | luly 17, 2019 |
| 4. I. <u>Wade W.</u> (| | , hereby withdraw/resign as a | 9 P# 3: 20 |
| Managing | Partner (Prim Title) | _• | 3: 20 |
| of this limited lia resignation in w | | n the limited liability company has bee | n notified of my |
| _W | delletul | les | |
| Signature of D | issociating Member or Re | signing Manager | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | |