L/0000045586

(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: Debie Henderson Called Sirce date Brresign on 10131118				

Office Use Only



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12/05/18--01011--021 ++170.00



December 7, 2018

RICHARD SEIN 6900 TURKEY LAKE RD, STE 2-3 ORLANDO, FL 32819

SUBJECT: REALSOURCE PROPERTY MANAGEMENT, LLC

Ref. Number: L10000045586

We have received your document for REALSOURCE PROPERTY MANAGEMENT, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please enter a date that the member/manager withdrew/resigned or will withdraw/resign in number 3 of the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 018A00025192

Octavia L Simmons Regulatory Specialist III

www.sunbiz.org

COVER LETTER,

æ.

CR2E079 (2/14)

TO:	_	stration Section ion of Corporations			
SUBJI	ECT:	REALSOURCE PROPERTY			
		(Name of Limited Liability Company)			
The en	closec	l member, resignation or dissocia	ation and fee(s	i) are submitted for filing.	
Please	return	all correspondence concerning t	his matter to:		
Richa	rd Mi	chael Sein			
		(Contact Person)		_	
Reals	ource	Property Management, LLC			
		(Firm/Company)			
6900	Turke	ey Lake Road, Suite 2-3		_	
		(Address)		_	
Orlan	do, Fi	L 32819			
		(City/State and Zip Code)		_	
For fur	ther is	nformation concerning this matte	r. please call:		
Richa	rd Mi	chael Sein	407 at (298-9777	
	(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclos □ \$25	•	ease find a check made payable to g Fee		Department of State for: 2 Fee & Certified Copy	
Registr Division Cliftor 2661 E	ration on of (Build Execut	OURIER ADDRESS: Section Corporations ding ive Center Circle 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)

The name of the limited liability company as it appears on the records of the Florida Department of State is: REALSOURCE PROPERTY MANAGEMENT, LLC
2. The Florida document/registration number assigned to this limited liability company is:
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/31/2018
4. I, PATRICK F. SKIFFINTON, hereby withdraw/resign as a, hereby withdraw/resign as a,
Manager .
(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
tage to the second seco

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)