## L100000 81790

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



200314169912

08/08/18--01822--016 \*\*25.00



## **COVER LETTER**

-	on Section of Corporations		
SUBJECT: 855	6 PARK MGMT., LLC		
	(Name of I	limited Liability Cor	npany)
The enclosed mer	nber, resignation or disse	ociation and fee(s	a) are submitted for filing.
Please return all c	orrespondence concerni	ng this matter to:	
THOMAS C. LI	ITLE, ESQUIRE	•	
	(Contact Person)		<del>-</del>
THOMAS C. LI	ITLE, P.A.		
	(Firm/Company)		_
2123 N.E. COA	CHMAN ROAD, SUITI	ΕA	
	(Address)		-
CLEARWATER	, FL 33765		
	(City/State and Zip Code)		_
For further inform	nation concerning this ma	atter, please call:	
THOMAS C. LI	ITLE, ESQUIRE	727 at (	443-5773
(Name o	of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please f ■ \$25 Filing Fee	ind a check made payabl		Department of State for: Fee & Certified Copy
	IER ADDRESS:		MAILING ADDRESS:
Registration Section Division of Corporation			Registration Section Division of Corporations
Clifton Building	nanons		P.O. Box 6327
2661 Executive C	enter Circle		Tallahassee, Florida 32314
Tallahassee, Flori	da 32301		

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 F	lorida Department
of State is:	PARK MGMT, LLC		2011 FAL
	ument/registration number as	ssigned to this limited liability cor	AHUS SSECTION AND A PROPERTY OF THE PROPERTY O
3. The date this me	ember/manager withdrew/resi	igned or will withdraw/resign is:	JUNE 1, 20,10
4. I. CARL GIANI	NAZZO	, hereby withdraw/resign as	D → O -
(Print N	lame of Person Resigning)	,,	
MANAGING I	MEMBER		
<del></del> _	(Print Title)		
of this limited lia resignation in wr		e limited liability company has be	en notified of my
Signature of D	ssociating Member or Resign	ning Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		