12/05/2016 16:58 BRENNAN, MANNA & DIAMOND Division of Corporations

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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name

: BRENNAN, MANNA AND DIAMOND

Account Number : I20050000098

: (239)992-6578

Phone Fax Number

: (239)992-9328

\*\*Enter the email address for this business entity to be used for fut annual report mailings. Enter only one email address please

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## **COVER LETTER**

TO:		tration Section ion of Corporations						
SUBJI	ECT:	Schrider Property Manag	gement LLC					
		(Name of Limited Liability Company)						
The en	closed	member, resignation or dis	sociation and f	èe(s	are submitted for filing.			
Please	return	all correspondence concern	ing this matter	to:				
Scott	W. Dı	ival						
		(Contact Person)			-			
Brenn	ian, M	enna & Diamond, P.L.						
<del></del>		(Firm/Company)		•	_	I ·		
27200	) Rive	rview Center Bivd., #310				ALL SEOR	6	
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•		(City/State and Zip Code)	******		<del></del>	デ 三 二 ぶ	歪	0
For fur	ther in	formation concerning this n	natter, please o	all:		ORE	ට	
Scott	Duval	l	239		992-6578	13.	· O	
	(N	ame of Contact Person)		Code	& Daytime Telephone Num	ber)		
Enclos		ase find a check made payab Foc			Department of State for: Fee & Certified Copy			
		OURIER ADDRESS:			MAILING ADDRESS:			
		Section Corporations			Registration Section Division of Corporations			
Clifton					P.O. Box 6327			
		ive Center Circle Florida 32301			Tallahassee, Florida 323 l	4		
CR2E07	9 (2/14)							
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## 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)

Sch	limited liability company as rider Property Managemer	it appears on the records of the Flo	orida Department
or state is:	ument/registration number as	signed to this limited liability com	pany is:
	• • • •	gned or will withdraw/resign is:	2/5/16
(Print ) CEO/manage	er	, hereby withdraw/resign as a	
of this limited list resignation in w		e limited liability company has bee	n notified of my
Signature of D	issociating Member or Resign	ning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		TALLIAHA
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