## L11000004500

(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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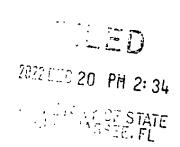
2022[ ] 20 PH 2: 34

## COVER LETTER

TO:	Registration Section		
	Division of Corporations		
SUBJ	FRONT ROW REAL ESATE, LLC		
	(Name of Lim	ited Liability Cor	mpany)
The e	nclosed member, resignation or dissoci	ation and fee(	s) are submitted for filing.
Please	e return all correspondence concerning	this matter to:	
JOSEF	PH COAKLEY		
·	(Contact Person)	· · · · · · · · · · · · · · · · · · ·	<del>-</del>
FRON	T ROW REAL ESTATE, LLC		
	(Firm/Company)		_
159 N	W 70TH ST APT 605		
	(Address)		_
DELR	AY BEACH, FL 33487		
	(City/State and Zip Code)		_
For fi	urther information concerning this matt	er, please call:	
JOSEI	PH COAKLEY	828 at (	387-1666 )
	(Name of Contact Person)		e & Daytime Telephone Number)
	osed please find a check made payable t		<del>-</del>
<b>= 3</b> 2	5 Filing Fee	□ \$55 Filin	g Fee & Certified Copy
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
			Tallahassee, FL 32303







## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	name of the limited liability company as it appears on the records of the Florida Department			
of State is: FROM	IT ROW REAL ESTATE, LLC			
2. The Florida docu	ument/registration number assigned to this limited liability company is:			
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:			
DADDELLIAL	DARRELL LAINE CASORIA			
MGR				
•	(Print Title)			
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.			
	DSC			
Signature of D	issociating Member or Resigning Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			