## LII 0000 17135

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(Address)					
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N ARUCE AUG 15 2020

## **COVER LETTER**

_	tration Section			
Divisi	ion of Corporations			
SUBJECT:	SBCG Properties			
	(Name of Lin	mited Liability Cor	npany)	
The enclosed	member, resignation or dissoc	ciation and fee(s	s) are submitted for filing.	
Please return	all correspondence concerning	g this matter to:		
Paul J. Burns				
- <u></u>	(Contact Person)	,	_	
Paul J. Burns, A	attorney at Law			_
	(Firm/Company)		- 5 5	2020
12525 Walsingh	nam Road		ALLA	1020 JUH 29 AM 10: 46
	(Address)		- - 英元	ڡٚ
Largo, Fl 33774			ල්ද ල්ද	AH IO
	(City/State and Zip Code)		- -	91.5
For further in	formation concerning this mat	ter, please call:	ŗ	., -
Paul J. Burns		727 at (	595-4540	
(Na	ime of Contact Person)	_ \	& Daytime Telephone Number)	
Enclosed plea  ■ \$25 Filing	ise find a check made payable Fee		Department of State for: g Fee & Certified Copy	
Regist	z Address: tration Section on of Corporations		Street Address: Registration Section Division of Corporations	
			The Centre of Tallahassee	
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

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)

	limited liability company a	s it appears on the records of t	the Florida Department
2. The Florida docu	ament/registration number a	assigned to this limited liability	y company is:
LAWRENCE PA	UL BUZARD	signed or will withdraw/resigr, hereby withdraw/resig	
Member, Manager	Print Title)		
of this limited liab resignation in wri		he limited liability company h	as been notified of my
_	\$25.00 (Required) \$30.00 (Optional)	gning Manager	E I E E E E E E E E E E E E E E E E E E
Cerunica Copy.	\$50.00 (Optional)		SEE FIN