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SECRETARY OF STATE
TALLAHASSEE, FLODING

COVER LETTER

TO: Registration Section **Division of Corporations** MacDill RSA Properties Partnership, LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Thomas Hisey (Contact Person) MacDill RSA Properties Partnership, LLC (Firm/Company) 4520 W Oakellar St, Suite 130883 (Address) Tampa, FI 33681-0883 (City/State and Zip Code) For further information concerning this matter, please call: Thomas Hisey (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: **\$25** Filing Fee □ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



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	ne limited liability company as it appears on the records of the	e Florida Department
of State is:	acDill RSA Properties Partnership, LLC	SE TALL
2. The Florida doc	cument/registration number assigned to this limited liability of the second sec	company OF AHERY OF AHERY OF
	nember/manager withdrew/resigned or will withdraw/resign i	
4. I, Elizabeth D.	Name of Person Resigning), hereby withdraw/resign a	as a
(Print)	Name of Person Resigning)	
Equity Trust	Co Custodian FBO ELIZABETH D. HISEY ROTH IN	ea#34603
	(Print Title)	
of this limited lia resignation in wi	ability company and affirm the limited liability company has vriting.	been notified of my
	Dissociating Member or Resigning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	