L11000120222

(Requestor's Name)				
(Ac	ddress)			
(Ac	idress)			
(Ci	ty/State/Zip/Phon	e #)		
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(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE
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OF THE SECRETARY OF T

COVER LETTER

TO: Registration Section Division of Corporations

CG GROUP REALTY LLC SUBJECT:	;					
(Name of Limited Liability Company)						
The enclosed member, resignation or disso	ociation and fee((s) are submitted for filing.				
Please return all correspondence concernir	ng this matter to	:				
Gail Cardona						
(Contact Person)		_				
CG GROUP REALTY LLC						
(Firm/Company)	<u> </u>	_				
7700 N Kendall Dr. Suite 802						
(Address)		_				
Miami, FI 33156						
(City/State and Zip Code)						
For further information concerning this ma	atter, please call	:				
Gail Cardona	786 at (360 3808				
(Name of Contact Person)	(Area Cod	e & Daytime Telephone Number)				
Enclosed please find a check made payabl □ \$25 Filing Fee		Department of State for: ag Fee & Certified Copy				
STREET/COURIER ADDRESS:		MAILING ADDRESS:				
Registration Section		Registration Section				
Division of Corporations		Division of Corporations				
Clifton Building		P.O. Box 6327				
2661 Executive Center Circle		Tallahassee, Florida 32314				

CR2E079 (2/14)

Tallahassee, Florida 32301

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SECRETARY OF STATE
TALL MIASSEL, FLORIDA

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)

CG G	limited liability company as it ap GROUP REALTY LLC		Florida Department
2. The Florida docu L11000120222	ment/registration number assign	ed to this limited liability co	ompany is:
Gail Cardona		_	
(Print No MGRM	ame of Person Resigning)		
of this limited liab resignation in wri	Print Title) pility company and affirm the ling. ssociating Member or Resigning		een notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		