L11000124605

(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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COVER LETETER • •

TO: Registration Section Division of Corporations	
SUBJECT: Florida Places 4 Rent, LLC	
	nited Liability Company)
The enclosed member, resignation or dissoci	iation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Jason Weiss	· ·
(Contact Person)	
Weiss Law Group, P.A.	
(Firm/Company)	
5531 N. University Drive, Suite 103	
(Address)	
Coral Springs, FL 33067	
(City/State and Zip Code)	
For further information concerning this matter	er, please call:
Jason Weiss	954 573 2800
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable t \$\begin{align*} \$25 \text{ Filing Fee} \end{align*}	o the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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 as ida Places 4 Rent, LLC	it appears on the records of the Florida Department
2. The Florida doc		signed to this limited liability company is:
	-	gned or will withdraw/resign is: June 30, 2015, hereby withdraw/resign as a
	(Print Title) bility company and affirm the	e limited liability company has been notified of my
resignation in wr		SECOND TALLAND
	\$25.00 (Required) \$30.00 (Optional)	MIZ: 16 EXFLORID