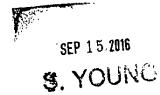
(F	Requestor's Name)			
	Address)			
(F	Address)			
(0	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
, (E	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				

Office Use Only



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COVER LETTER

•	stration Section sion of Corporations			
SUBJECT:	Crane Reed Property Ma	anagement Mem	ber Resignation	
SCHOLCI.	(Name of	mpany)	_	
The enclose	d member, resignation or dis	sociation and fee(s) are submitted for filing.	
Please return	n all correspondence concern	ning this matter to:		
Courtney S	Smitheman			
	(Contact Person)		_	
Crane Ree	d Property Management			. 201
	(Firm/Company)		_	160
967 Alterna	ate A1A #3			16 SEP 14 PH 1: 09
	(Address)		_	-P
Jupiter, FL	33477			工 ::
	(City/State and Zip Code)			09
For further i	information concerning this i	matter, please call		
Courtney S	Smitheman	561 at (745 2339	
1)	Name of Contact Person)	(Area Cod	e & Daytime Telephone Numb	oer)
Enclosed ple ■ \$25 Filin	ease find a check made paya g Fee		Department of State for: g Fee & Certified Copy	
	COURIER ADDRESS:		MAILING ADDRESS:	
Registration Section Division of Corporations		Registration Section Division of Corporations		
Clifton Buil	-		P.O. Box 6327	
	tive Center Circle		Tallahassee, Florida 32314	1

CR2E079 (2/14)

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)

	limited liability company as le Reed Property Manager	it appears on the records of the Florida	a Department
2. The Florida docu L1100013135	•	signed to this limited liability company	y is:
4. I,	pelle ame of Person Resigning)	gned or will withdraw/resign is: 9/1/1, hereby withdraw/resign as a	6
of this limited lial resignation in wr	iting.	e limited liability company has been no	TALLY OF STEER
Signature of Di Filing Fee: Certified Copy:	ssociating Member or Resign \$25.00 (Required) \$30.00 (Optional)	ning Manager	I: 09