L12000019590

| (Re | questor's Name) | | | |
|---|--------------------|-------------|--|--|
| (Ad | ldress) | | | |
| (Ad | ldress) | | | |
| (Cit | ty/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | isiness Entity Nar | me) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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2020 JUL 28 PM 5: 12 SECRETARY OF STATE

JQ 09/21/20

COVER LETTER

| TO: Registra | tion Section | | |
|----------------------|------------------------------|--------------------|--|
| Division | of Corporations | | |
| SUBJECT: M | elrose Heights Properties | | |
| | (Name of Lii | nited Liability Co | mpany) |
| The enclosed me | ember, resignation or dissoc | ciation and fee(| s) are submitted for filing. |
| Please return all | correspondence concerning | g this matter to: | |
| James D Hans | | · | _ |
| | (Contact Person) | | |
| Melrose Heigh | nts Properties LLC | | _ |
| | (Firm/Company) | | |
| 383 Barry Aven | ue | | _ |
| | (Address) | | |
| Little Torch Key | , FL 33042 | | _ |
| | (City/State and Zip Code) | | |
| For further infor | rmation concerning this mat | ter, please call: | |
| James D Hans | son Jr | at (305 | <u>)</u> 494-5122 |
| (Name | e of Contact Person) | (Area Code | : & Daytime Telephone Number) |
| Enclosed please | find a check made payable | to the Florida I | Department of State for: |
| ☑ \$25 Filing Fo | te | □ \$55 Filin | g Fee & Certified Copy |
| Mailing A | ddress: | | Street Address: |
| | tion Section | | Registration Section |
| Division P.O. Box | of Corporations | | Division of Corporations The Centre of Tallahassee |
| | see, FL 32314 | | 2415 N. Monroe Street, Suite 810 |
| i dilaita | | | Tallahassee, FL 32303 |



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)

| of State is: Melrose Heights Properties LLC | | | · |
|--|---------|-------------|-------|
| 2. The Florida document/registration number assigned to this limited liability comp | ipany i | is: | |
| L12000019590 | | | |
| 3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7. | .22.20 |) | |
| 4. 1. Ginger Hanson | | • | |
| Manager | | | |
| (Print Title) | | | |
| of this limited liability company and affirm the limited liability company has bee resignation in writing. | en noti | ified (| of my |
| Q4- | SECRE! | 2020 JUL 28 | "17 |
| Signature of Dissociating Member or Resigning Manager | IARY C | | - |
| Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional) | T S TA | PM 5: | D |