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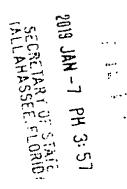
(Re	equestor's Name)	
(Ad	ldress)	·
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(Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

COVER LETTER		
TO: Registration Section Division of Corporations	ent, LLC Climited Liability Company)	
SUBJECT: L&S Property Managem	ent, LLC	
	Limited Liability Company)	
The enclosed member, resignation or dis	sociation and fee(s) are submitted for filing.	
Please return all correspondence concerr	ing this matter to:	
Norman Leduc		
(Contact Person)		
L&S Property Management, LLC		
(Firm/Company)		
110 Bethel Oaks LN		
(Address)		
Deltona, FL 32738		
(City/State and Zip Code)		
For further information concerning this r	natter, please call:	
Norman Leduc	407 394-4415	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed please find a check made payal \$25 Filing Fee	ole to 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)







DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appears on the records of the Florida Department Property Management, LLC
2. The Florida doc L1200002428	ument/registration number assigned to this limited liability company is: 8
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: 12/31/2018
Bonniel Strae	
Managing Me	
	(Print Title)
of this limited lia resignation in wi	bility company and affirm the limited liability company has been notified of my iting.
Bon	in L Struter
Signature of D	issociating Member or Resigning Manager
	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)