# 2120000024406

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
A. LUNT				
	A.	LUIVI		

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#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

## SURJECT: Sarasota Property Associates, LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

### John D. Klosner

(Contact Person)

Sarasota Property Associates, LLC

(Firm/Company)

8036 Conservatory Cr.

(Address)

Sarasota, FL 34243

(City/State and Zip Code)

For further information concerning this matter, please call:

## John D. Klosner

, 941

355-5383

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

■ \$25 Filing Fee

□ \$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 (5/06)



# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	nited liability company as i		of the Florida Department
	ty company was organized (		6 PH POR
3. The Florida docum L1200002440	ent/registration number of t	this limited liability comp	pany is:
4. I, Stephen T. A	llen ne of Person Resigning)	, hereby resign as a	Manager (Print Title)
resignation in writing	ity company and affirm the ng.  Ding Member, Managing Me		has been notified of my .
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		