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COVER LETTER

TO:		stration Section sion of Corporations		
SUBJ		72 Residential, LLC		
50130	LCI.	(Name of Lim	ited Liability Cor	npany)
The er	nclosed	d member, resignation or dissoci	ation and fee(s	s) are submitted for filing.
Please	return	all correspondence concerning	this matter to:	
John	R. Ga	amm		
		(Contact Person)		_
John	R Gai	mm LLC		
		(Firm/Company)		_
32 D	utton F	Place Way		
		(Address)	·	-
Glast	tonbur	y, CT 06033		
		(City/State and Zip Code)		_
For fu	ırther ir	nformation concerning this matte	er, please call:	
John	R. Ga	amm	860 at (633-4219
	(N	ame of Contact Person)	- \	& Daytime Telephone Number)
	sed ple 5 Filing	ease find a check made payable t g Fee		Department of State for: g Fee & Certified Copy
		OURIER ADDRESS:		MAILING ADDRESS:
_		Section		Registration Section
	on or C n Build	Corporations ling		Division of Corporations P.O. Box 6327
		ive Center Circle		Tallahassee, Florida 32314
		Florida 32301		1

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)

The name of the limited liability company as it	t appears on the records of the Florida Department	
2. The Florida document/registration number ass L12000101778	igned to this limited liability company is:	
3. The date this member/manager withdrew/resig Jeffrey T. Ferony 4. I,	o2/28/2017 gned or will withdraw/resign is:	
(Print Name of Person Resigning) member and manager	northly withdrawitesign as a	
(Print Title) of this limited liability company and affirm the resignation in writing.	limited liability company has been notified of my	
Menature of Dissociating Member or Resigni	ing Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	TORETARY OF ST	こり