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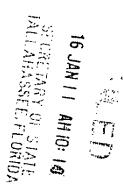
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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JAN 12 2016 J SHIVERS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ONE Sava so ta Realty Group (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Contact Person)
ONE Savasota Peacly Group (Firm/Company)
201 Fletcher Avenue (Address)
Sarasota Florida 34237 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Rotson) at (941) 321-6352 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\square\$ \$\s
STREET/COURIER ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

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)

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: DNE Savasota Reatly Group, LLC
2. The Florida document/registration number assigned to this limited liability company is:
L12000108151
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 142015
4. I, Teven ce J. Muttele, hereby withdraw/resign as a (Print Name of Person Resigning)
Member Manager. (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Description Mamber or Regioning Manager
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)