112000108151

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
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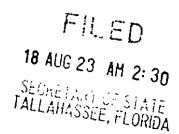
K. SALY AUG 28 2018 TO: Registration Section

CR2E079 (2/14)

COVER LETTER

| Division of Corporations | | | | |
|--|------------------|---|--|--|
| ONE Sarasota Realty, Grou | ıp, LLC | | | |
| (Name of Limited Liability Company) | | | | |
| The enclosed member, resignation or dissoc | ciation and fee(| s) are submitted for filing. | | |
| Please return all correspondence concerning | this matter to: | | | |
| Sara Boudarga | | | | |
| (Contact Person) e | | | | |
| Sara Boudarga, Licensed Real Estate Broker | | | | |
| (Firm/Company) | | _ | | |
| 407 S. Pineapple Avenue | | | | |
| (Address) | | | | |
| Sarasota, FL 34236 | | | | |
| (City/State and Zip Code) | | | | |
| For further information concerning this matter, please call: | | | | |
| Sara Boudarga | 941 at (| 321-6352 | | |
| (Name of Contact Person) | (Area Cod |) e & Daytime Telephone Number) | | |
| Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\sum \\$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 | | |





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)

| | • • • | appears on the records of the Florida Department C. |
|---|-----------------------------------|---|
| of State is: | Sarasota Realty Group, LL | |
| 2. The Florida doc L1200010815 | _ | gned to this limited liability company is: |
| 3. The date this me | mber/manager withdrew/resig | ned or will withdraw/resign is: |
| 4. I. Debra Gonzalez (Print Name of Person Resigning) | | , hereby withdraw/resign as a |
| Managing Me | | |
| | (Print Title) | |
| of this limited lia resignation in wr | | limited liability company has been notified of my |
| D. | ocusigned by: EBBI E GONELLEE | |
| Signature of D | รริธัธาลีที่ใช้ Member or Resigni | ng Manager |
| | \$25.00 (Required) | |
| Certified Copy: | \$30.00 (Optional) | |