## 1300050243

(Requestor's Name)	_			
(Äddress)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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SEGRETARY OF STATE
ALLAHASSEE, FLORIDA

FILED

## COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: AA TROPICAL PROPERTY M	IANAGEME	ENT, LLC
	(Name of Limite	d Liability Cor	mpany)
The e	nclosed member, resignation or dissociat	ion and fee(s	s) are submitted for filing.
Please	e return all correspondence concerning th	is matter to:	
JOAN	N BHARATH		
	(Contact Person)		_
AA T	ROPICAL PROPERTY MANAGEME	NT, LLC	
	(Firm/Company)		_
P.O.	BOX 246087		_
	(Address)		_
PEM	BROKE PINES, FL 33024		
	(City/State and Zip Code)		_
For fu	orther information concerning this matter,	, please call:	
JOA	N BHARATH	954 at (	445-6575
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
	sed please find a check made payable to 5 Filing Fee		Department of State for: g Fee & Certified Copy
	EET/COURIER ADDRESS:		MAILING ADDRESS:
_	tration Section ion of Corporations		Registration Section Division of Corporations
	on Building		P.O. Box 6327
	Executive Center Circle		Tallahassee, Florida 32314
Tallal	hassee, Florida 32301		

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 appears on the records of the F     of State is:  AA TROPICAL PROPERTY MANAGEMENT, LLC	lorida Department
2. The Florida document/registration number assigned to this limited liability con L13000050243	mpany is:
3. The date this member/manager withdrew/resigned or will withdraw/resign is:  4. I, DOUGLAS M. CORWIN  (Print Name of Person Resigning), hereby withdraw/resign as	
of this limited liability company and affirm the limited liability company has b resignation in writing.  Signature of Dissociating Member or Resigning Manager	FILED  17 SER-1 " 4: 09  SECKE MARY OF STATE TALLAHOSSEE, FLORIDA

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: