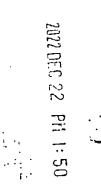
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Office Use Only



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COVER LETTER

Division of Corporations 800 North Orange Partners, LLC SUBJECT: (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: Elizabeth Klejnowski (Contact Person) 800 North Orange Partners, LLC (Firm/Company) 800 N. Orange Ave., Ste. 200 (Address) Orlando, FL 32801 (City/State and Zip Code) For further information concerning this matter, please call: Elizabeth Klejnowski (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 Address: **Mailing Address:** Registration Section **Registration Section Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

TO:

Registration Section



2022 DEC 22 PH 1:50

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: 800 N	Forth Orange Partners, LLC	,
2. The Florida doc	ument/registration number	assigned to this limited liability company is:
L13000053024		
3. The date this me	ember/manager withdrew/re	esigned or will withdraw/resign is: December 7, 2022
4. I. (Print Name of Person Resigning)		, hereby withdraw/resign as a
(Print N	lame of Person Resigning)	
Manager		
	(Print Title)	
of this limited lia resignation in wr		the limited liability company has been notified of my
7. Th,	ms Ue	
Signature of Di	issociating Member or Res	igning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	