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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LANCE LLOTTI	PROFERTIES LLC ed Liability Company)
The enclosed member, resignation or dissociate	ion and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to:
MICHEUE Picciolo (Contact Person)	
(Firm/Company)	
2600 GLUNS AVE A	of 164
MAM BEACH 331 (City/State and Zip Code)	40
For further information concerning this matter	, please call:
MI CHEUE PICCIOLO (Name of Contact Person) (Name of Contact Person)	at (<u>954) 6730603</u> (Area Code & Daytime Telephone Number) CKUK OMICHO REPICCIOLO.COM
Enclosed please find a check made payable to	the Florida Department of State for: \$\Boxed{\Pi}\$ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (2/14)

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:	ANCELLOTTI PROPERTIES LIC
2. The Florida docu	iment/registration number assigned to this limited liability company is:
<u>L/3000</u>	∞466163 = 5 = 5
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
	tame of Person Resigning). hereby withdraw/resign as a second sec
MANP	(Print Title)
of this limited lial resignation in wi	bility company and aftirm the limited liability company has been notified of my ting.
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)
commen copj.	www.vo (vyelvilet)