## L13000068445

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Do	cument Number)			
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	GCT 1	3 2023		

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09/25/23--01019--011 \*\*25.00

SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Lova Prop 9, LLC (Name of Limited Lia	bility Company)
The enclosed member, resignation or dissociation a	nd fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to:
Celia Lavallee	
(Contact Person)	<del></del>
Po Box 17915  (Address)	
Tampa, Fl. 33682 (City/State and Zip Code)	
For further information concerning this matter, plea	se call:
	813 <u>918 · 5055</u> rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F 「対象25 Filing Fee	lorida Department of State for: 5 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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)

	limited liability comp	any as it appears on the reco	ords of the Florida Depa	rtmen	t	
	ument/registration num	nber assigned to this limited	d liability company is:			
4.1. Cella	mber/manager withdre Lavallee Jame of Person Resigning) Manager H	ew/resigned or will withdra	•	<u>31,</u>	908	£
of this limited lia resignation in wr		irm the limited liability con	npany has been notified	of my		
Signature of Di	ssociating Member or	Resigning Manager		138038	2023 SEP 25	-1.
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			ARY OF STATE	25 AMIO: 30	TIMO

CR2E079 (2/14)