113000135290

	questor's Name)	
(Re	questors mame)	
bA)	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	⇒ #)
PICK-UP	WAIT	MAIL
(D.	-i Fare N-	
(Bu	siness Entity Nar	nej
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	



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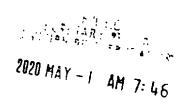
Office Use Only



COVER LETTER

TO: Registration Section Division of Corporations	
Corriveau Realty SUBJECT:	
(Name of Limited Liability Co	ompany)
The enclosed member, resignation or dissociation and fee	(s) are submitted for filing.
Please return all correspondence concerning this matter to):
Michael Corriveau	
(Contact Person)	_
Corriveau Realty	
(Firm/Company)	_
160 Pelican Bay Dr	
(Address)	
Santa Rosa Beach, FL 32459	
(City/State and Zip Code)	
For further information concerning this matter, please call	1:
Michael Corriveau 850	200-6220
	le & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida	Department of State for:
■ \$25 Filing Fee □ \$55 Filin	ng Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
. ananados, 1 12 0 20 . 1	Tallahassee, FL 32303





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 company	as it appears on the records of the Florida Department
2. The Florida docu L13000135290	ment/registration number	assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/n	esigned or will withdraw/resign is: April 27,2020
4. I, Elizabeth B. Corriveau (Print Name of Person Resigning)		
(Print N Manager, Corrive		
	Print Title)	-
of this limited liab		the limited liability company has been notified of my
Signature of Di	ssociating Member or Res	signing Manager
	\$25.00 (Required) \$30.00 (Optional)	