(Re	questor's Name)	·
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration Section . Division of Corporations		
SUBJECT: Exclusive Estate Management, LLC (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:		
Vincent Strupe (Contact Person)		
Exclusive Estate Management LLC		
2154 SW Panther Trace (Address)		
Stuart, FL 34997 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Vincent Strupe at (50), 339-9046 (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 \$\sum \$55 Filing Fee & Certified Copy		
STREET/COURIER ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations		

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

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 record	ls of the Florida Department
or State is: Exclusive Estate Managemen	of LLC.
2. The Florida document/registration number assigned to this limited li	ability company is:
L13000145062	
3. The date this member/manager withdrew/resigned or will withdraw/	resign is: 12/31/2016
4. I. Meghan Stupe, hereby withdraw. (Print Name of Person Resigning)	resign as a
MGR (Print Title)	
of this limited liability company and affirm the limited liability compresignation in writing.	any has been notified of my
Melan Stripe	
Signature of Dissociating Member or Resigning Manager	17 J
Filing Fee: \$25.00 (Required)	JAH 20
Certified Copy: \$30.00 (Optional)	AH 50