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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: TARPON POINTE REALTY LLC			
(Name of Limited Liability Cor	mpany)		
The enclosed member, resignation or dissociation and fee(s	s) are submitted for filing.		
Please return all correspondence concerning this matter to:			
Thomas Baker			
(Contact Person)	_		
(0) (0)			
(Firm/Company)			
1231 Via Fatini			
(Address)	_		
Boynton Beach FL 33426	2016 TALL		
(City/State and Zip Code)	JAN ARE TO		
For further information concerning this matter, please call:	(M) F		
Thomas Baker 561	635-8405		
(Name of Contact Person) (Area Code	e & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida I ■ \$25 Filing Fee □ \$55 Filing	y o		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314		
Tallahassee, Florida 32301	randhassee, fioriua 32314		

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)

	he limited liability company as ARPON POINTE REALTY L	it appears on the records of the	Florida De	epartm	ent ·
2. The Florida do		ssigned to this limited liability c	ompany is:	:	
3. The date this	member/manager withdrew/resi	igned or will withdraw/resign is	01/15/20	016	
4. I, Thomas B	aker nt Name of Person Resigning)	, hereby withdraw/resign a	ıs a		
Manager	(Print Title)		TALLA	2016	(SECTION)
of this limited resignation in		e limited liability company has	been notifi	ed about the contraction of the	ny —
Signature of	Dissociating Member or Resign	ning Manager	BURIDA	عد بر	O
Filing Fee:	\$25.00 (Required)				

Certified Copy:

\$30.00 (Optional)