L140000000280

(Re	equestor's Name)	
. (Ac	ldress)	
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(Cir	ty/State/Zip/Phone	· #)
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COVER LETTER

	stration Section tion of Corporations			
SUBJECT:	Remida Realty LLC			
	(Name of Limited Liability Company)			
The enclosed	I member, resignation or dissociat	ion and fee(s) are submitted for filing.		
Please return	all correspondence concerning th	is matter to:		
Edward Di	Marco			
	(Contact Person)			
Remida Re	alty LLC			
	(Firm/Company)			
2361 Black	Oak Ln			
	(Address)			
Clearwater	, FL 33763			
	(City/State and Zip Code)			
For further in	nformation concerning this matter	please call:		
Edward Di	Marco	at (727) 492-3645		
(N	ame of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed ple \$25 Filing		the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy		
	OURIER ADDRESS:	MAILING ADDRESS:		
Registration Division of C		Registration Section Division of Corporations		
Clifton Build		P.O. Box 6327		
2661 Execut	ive Center Circle Florida 32301	Tallahassee, Florida 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)

	ne limited liability company as it appears on the records of the Florida Department milda Realty LLC
2. The Florida do L140000702	cument/registration number assigned to this limited liability company is:
	nember/manager withdrew/resigned or will withdraw/resign is:
	Onati , hereby withdraw/resign as a Name of Person Resigning)
MGRM	Name of Cook Academics
**************************************	(Print Title)
of this limited to resignation in v	sability company and affirm the limited liability company has been notified of my criting.
Signature of l	Dissociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)

Certified Copy:

\$30.00 (Optional)