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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Pierce Harbor Realty LLC	
(Name of Limite	d Liability Company)
The enclosed member, resignation or dissociat	ion and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to:
Gregory Pope	<u>, </u>
(Contact Person)	
(Firm/Company)	
117 Orange Ave	
(Address)	
Fort Pierce Florida 34950	
(City/State and Zip Code)	
For further information concerning this matter	, please call:
Gregory Pope	828 684-9085 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to ■ \$25 Filing Fee	the Florida Department of State for: \$\square\$\$ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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)

1. The name of the limited liability company as it appears on the records of the Flo	onda Depard	nent
of State is:		<u></u> -
2. The Florida document/registration number assigned to this limited liability complete L14000077334	npany is:	
3. The date this member/manager withdrew/resigned or will withdraw/resign is:	/23/2019	
4. I, Joanne McCurdy (Print Name of Person Resigning), hereby withdraw/resign as a		
(Print Name of Person Resigning)		
MGR (Manager)		
(Print Title)		
<i>y</i>	MINLENIASSEE FE	my T
Filing Fee: S25.00 (Required) Certified Copy: S30.00 (Optional)	rn 🕠	