U4000106949

Office Use Only



900307823549

900307823549 01/23/18--01002--001 **25.00

RECEIVED JAN 22 2016

K SALY JAN 24 2018

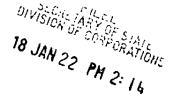
COVER LETTER

TO: Registration Section
Division of Corporations
SUBJECT: DIVES, Sied Firmuling, 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:
Brace Sper Ling (Contact Person)
(Firm/Company)
1154 SW Arc Ct (Address)
Port St Lucie F. C 34953 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Confact Person) at (651) 295-6256 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: MAILING ADDRESS: Pariety Section
Registration Section Division of Corporations Registration Section Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314

CR2E079 (2/14)

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 records of the Florida Department
of State is:	INERSTREE FINANCING LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
414000	106949
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 6-75-17
4. I. <u>Brad</u> (Print N	hereby withdraw/resign as a ame of Person Resigning
Authorpes	(Print Title)
of this limited liab resignation in wri	oility company and affirm the limited liability company has been notified of my ting.
8	
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)