L14000131102

(Requestor's Name)
(Address)
, ,
(Address)
(Address)
(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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09/22/14--01004--015 **25.00

SECRETERY OF STATE DIVISION OF CORPORATIONS

C. Lewis C. 149-14

COVER LETTER

UC

TO: Registration Section
Division of Corporations
SUBJECT: NSPERITY REALTY AND INVESTMENT SERVICES (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:
MARK OLD HAM (Contact Person)
INSPERITY REALTY AND INVEST MENT SERVICES (Firm/Company)
1150 OVERBROOK DR (Address)
ORLANDO, FL 32804 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (407) 496 4153 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: □ \$25 Filing Fee □ \$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

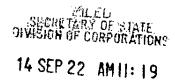
CR2E079 (2/14)

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 records of the Florida Department	
of State is: INSPERITY REALTY AWD INVESTMENT SERVICES	LLC
2. The Florida document/registration number assigned to this limited liability company is:	
484282 (APPLICATION #) / L14000 131102	
484282 (APPLICATION #). / L14000131102 3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/18/14	
4. I, ROBERT MAC LANTRIP, hereby withdraw/resign as a (Print Name of Person Resigning)	
(Print Name of Person Resigning)	
MANAGER	
(Print Title)	
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.	
Robert M. Cartro	
Signature of Dissociating Member or Resigning Manager	
Filing Fee: \$25.00 (Required)	

Certified Copy:

\$30.00 (Optional)