L14000/45490

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(Requestor's Name)
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(Address)
7.711
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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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 com	pany as it app	pears on the reco	ords of the Florida Dep	partme	ent
of State is:	MEINERY	REAL	ESTATE	MENTURE	<u>S</u>	<u>_</u>
2. The Florida doc	ument/registration nu	mber assigne	ed to this limited	liability company is:		
	000/450			,	,	
3. The date this me	ember/manager withd	rew/resigned	or will withdray	w/resign is:	2/ /	4
4.1, كريد	F. ARAN G Jame of Person Resigning	ري کي د	, hereby withdra	w/resign as a		
MANAG	ER (Print Title)	·				
of this limited lia resignation in wr		ffirm the lim	ited liability con	npany has been notifie	:d of n	ny
Signature of Di	sociating Member e	r Resigni ng l	Manager	120 SE ORE 12	14 DEC -1	<u> </u>
Filing Fee: Certified Copy:	\$25.00 (Required \$30.00 (Optional)	•	-		-1 PH 3 44	LED