## 114000176705

(Re	questor's Name)			
(Address)				
(Address)				
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				
L				





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THE MAY 21 PH 3: 35

K. SALY MAY 22 2018

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJ	ECT: REALTY VENTURE PARTNER		npany)
The er	nclosed member, resignation or dissociatio	-	
Please	return all correspondence concerning this	matter to:	
MOS	HE FARACHE		
	(Contact Person)	<u> </u>	-
REAL	TY VENTURE PARTNERS LLC		
	(Firm/Company)		-
6560	WEST ROGERS CIRCLE, SUITE 27		
	(Address)		-
воси	A RATON FL 33487		
	(City/State and Zip Code)		-
For fu	rther information concerning this matter, p	olease call:	
МІСН	HELE MARTIN	561	771-3272
			& Daytime Telephone Number)
	sed please find a check made payable to th 5 Filing Fee		epartment of State for: Fee & Certified Copy
Regist Divisi Cliftor 2661 I	CET/COURIER ADDRESS: tration Section on of Corporations on Building Executive Center Circle cassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)





## 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:	ALTY VENTURE PARTNE	RS LLC
2. The Florida doc L1400017670	C	signed to this limited liability company is:
3. The date this me	ember/manager withdrew/res	igned or will withdraw/resign is:
4. I. MOSHE FAI	RACHE  Name of Person Resigning)	, hereby withdraw/resign as a
AMBR		
resignation in wi	riting.	e limited liability company has been notified of my
Signature of D	issociating/Member or Resig	ning Manager
Filing Fee:	\$25.00 (Required)	
Certified Conv.	\$30.00 (Optional)	