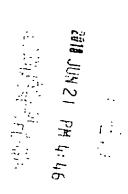
1400183940

(Requestor's Name)	
(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:	

Office Use Only



500314721405



B FIGUEROA JUN 22 2018

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Florida Interna (Name of Line	thonal Realty of Sarasota
The enclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
GING La Rouche (Contact Person)	
(Firm/Company)	
2486 Breakyate Circl	٤
Sarasita FL 34231 (City/State and Zip Code)	
For further information concerning this matter	er, please call:
(Name of Contact Person)	at (<u>GUI</u>) <u>323 - 0256</u> (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable t ☐ \$25 Filing Fee	o the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

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	Depart	ment
of State is:	lorida Internatio	nal Realty of S	arasota		
2. The Florida docu	ment/registration number as	ssigned to this limited liab	bility company	is:	
L140001	83940	·			
3. The date this mer 4. I, Ora (Print No.	mber/manager withdrew/resing A Coucle I a Roucle I a Roucle I a Roucle I me of Person Resigning)	igned or will withdraw/re, hereby withdraw/re	esign is: <u>Feb</u> esign as a	ruary	<u>1</u> 5, 2015
Manage	Print Title)				
of this limited liab resignation in wri	oility company and affirm the	e limited liability compar	ny has been no	tified o	f my
Signature of Dis	ssociating Member or Resign	ning Manager	7e 77. 19-1	2818	
	\$25.00 (Required) \$30.00 (Optional)		VHASSEEFEL	2818 JUN 21 PM L	;