## <u>U1500000409</u>

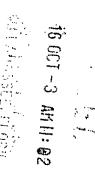
| (Red                                    | questor's Name)   |             |  |  |
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## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## 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 liabilit                       |               | · A                 |                    | Florida De <sub>l</sub> | partme     | ent   |
|---|---------------|---------------------|--------------------|-------------------------|------------|-------|
| of State is: ASSUR  | ED Pr         | oferties            | LLC                | ,                       |            | •     |
| 2. The Florida document/registrat                         | ion number as | signed to this lin  | nited liability co | ompany is:              |            |       |
| L/5000004   | 097           | ·                   |                    |                         | , 15<br>93 |       |
| 3. The date this member/manager                           | withdrew/resi | igned or will with  | hdraw/resign is:   | 9/2                     | 8/1        | $\wp$ |
| 4. I, Janel Va<br>(Print Name of Person Re                |               | , hereby wit        | thdraw/resign as   | s a                     | MHH:@2     | SC T  |
| Mana GER<br>(Print Title)                                 |               |                     |                    |                         | <b>@</b> 2 |       |
| of this limited liability company resignation in writing. | and affirm th | e limited liability | company has t      | oeen notifie            | ed of m    | ny    |
| - Some M  | alca .        |                     |                    |                         |            |       |
| Signature of Dissociating Men                             | mber or Resig | ning Manager        |                    |                         |            |       |
| Filing Fee: \$25.00 (Re                                   | •             |                     |                    |                         |            |       |