

LI5000035611

(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



900285788069

05/23/16--01016--010 **25.00

FILED
16 MAY 23 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 27 2016

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Realty Trust Advisors, LLC
(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:

John Fontana

(Contact Person)

(Firm/Company)

324 Elm St Suite 105-B

(Address)

Monroe, Ct. 06468

(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(Name of Contact Person) (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
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



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: Bealty Trust Advisors, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L15000035611

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 5/2/16

4. I, John Fontana, hereby withdraw/resign as a
(Print Name of Person Resigning)

Member

(Print Title)

of this limited liability company and affirm the limited liability company has been notified my
resignation in writing.

[Signature]
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
16 MAY 23 PM 12:26
DIVISION OF STATE
TREASURER, FLORIDA