

L15000043849

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

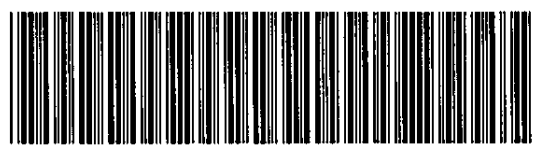
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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200271707682

*Resignation  
of MGR*

03/24/15--01007--002 \*\*25.00

FILED  
2015 MAR 24 AM 11:29  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

*MGR  
4/14/15*



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
2015 MAR 24 AM 11:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: YARDI CRAVINGS LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L15000043849
3. The date this member/manager withdrew/resigned or will withdraw/resign is: APRIL 15, 2015
4. I, CHARMAINE ANDERSON, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
GENERAL MANAGER (MGR)  
*(Print Title)*

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

A handwritten signature in cursive script that reads "Charmaine Anderson".

Signature of Dissociating Member or Resigning Manager

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