## 4150000 49829

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, PICK-UP WAIT MAIL
(Business Entity Name)
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## Resigning Ingress AND EPPREEMENT 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 Departmen
of State is: 1713	Northgate, LLC
2. The Florida doc L15000049829	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4. I. Marianne K. Kur	hereby withdraw/resign as a
member	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Mariane +	ssociating Member or Resigning Manager
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
	\$30.00 (Optional)