

L15000137625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

All Florida Realty Services, LLC

Signature _____

Requested by: Seth

06/28/17

Name _____

Date _____

Time _____

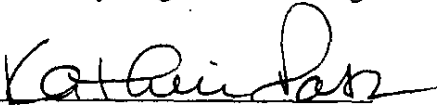
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Resignation of Manager and Officer from Florida Limited Liability Company
(Pursuant to Section 605.0216 of the Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: **All Florida Realty Services, LLC**
2. The Florida document number assigned to this limited liability company is: **L15000137625**
3. The date this Manager resigned is: 6/28/17
4. I, **Katherine L. Pass**, hereby resign as a Manager, Vice President, and Treasurer of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.


Katherine L. Pass

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