## <u>USO00 144317</u>

(Requ	iestor's Name)			
(Address)				
(Addr	ess)			
(City/	State/Zip/Phon	e #)		
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K. SALY OCT - 7 2016

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Tuple Dooe (Name of Limited Liah	Droperty MANABORELLE LIC
The enclosed member, resignation or dissociation a	nd fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to:
Christo pres P. Wilso (Contact Person)	
Purple Door Property	
2204 TURN BRIDGE C' (Address)	<u> </u>
la lla Lassee, F2 32311 (City/State and Zip Code)	
For further information concerning this matter, plea	se call:
(Name of Contact Person) at (Ar	rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F  \$25 Filing Fee  \$5	lorida Department of State for: 5 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301







## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

				ds of the Florida Department
of State is:	Purpe	Dooc	Property	Management
2. The Florida docu			• ( )	
L15001	0 1443	317		
3. The date this men	nber/manager	withdrew/resigne	d or will withdraw	/resign is: /0/1/20 14
4. I, PATIZIO	me of Person Re	111500	_, hereby withdrav	v/resign as a
	MANA ( Print Title)			·
of this limited link resignation in writ		and affirm the lir	nited liability comp	pany has been notified of my
_ \ \ \ \ \	m			
Signature of Dis	sociating Mer	nber or Resigning	, Manager	
Filing Fee:	\$25.00 (Re	• /		
Certified Copy:	\$30.00 (Op	tional)		