## L15000156752

	_					
(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:						
<u> </u>						

Office Use Only



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## **COVER LETTER**

TO:	_	stration Section sion of Corporations				
		·				
SUBJ	ECT:	Gulf Living Realty Group, L	LC			
		(Name of Li	mited Liability Con	npany)		
The er	iclosec	d member, resignation or disso	ciation and fee(s	are submitted for	filing.	
Please	return	all correspondence concerning	g this matter to:			
David	l Wish	itischin				
		(Contact Person)		_		
Gulf L	iving	Realty Group, LLC				
		(Firm/Company)		_		
3321	Chiqu	uita Blvd				
		(Address)		_		
Cape	Coral	l, FL 33914				
		(City/State and Zip Code)		_		
For fu	rther in	nformation concerning this ma	tter, please call:			
David	Wish	ame of Contact Person)	239	691-1581	2019	
	(N	ame of Contact Person)	(Area Code	& Daytime Telepho	ne Number)	
Enclos	sed ple	ase find a check made payable	to the Florida D	Pepartment of State	for:	
<b>\$25</b>	Filing	g Fee	¥\$55 Filing	Fee & Certified C	ору 🗀 . 🚖	
					DEODE N	San and
		OURIER ADDRESS:		MAILING ADDI	KE22: ~	
_		Section		Registration Section		
		Corporations		Division of Corpo	rations	
Clifton				P.O. Box 6327		
		ive Center Circle		Tallahassee, Florid	ia 32314	
∓anan	assee.	Florida 32301				

CR2E079 (2/14)



## 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)

The name of the limited liability company as it appears on of State is:  Gulf Living Realty Group, LLC	the records of the Florida Department
2. The Florida document/registration number assigned to this	limited liability company is:
L15000156752	
3. The date this member/manager withdrew/resigned or will v	vithdraw/resign is:
Lisa Cohen	54.1
4. 1, Print Name of Person Resigning). hereby	withdraw/resign as a
Manager	
(Print Title)	
of this limited liability company and affirm the limited liabi	lity company has been notified of my
resignation in writing.	20 20 21 21 21 21 21 21
(NOQ (Then)	
Signature of Dissociating Member or Resigning Manager	
Filian Ford	د المحمد الم المحمد المحمد
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	27