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## **COVER LETTER**

TO: Registration Section Division of Corporations AGENTS CHOICE REALTY, LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Ryan Featherstone (Contact Person) Dunlap Moran (Firm/Company) 22 S. Links Ave., Suite 300 (Address) Sarasota, FL 34236 (City/State and Zip Code) For further information concerning this matter, please call: Ryan Featherstone (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



## 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)

	limited liability company as it appears on the records of the Florida	Department
of State is: AGE	NTS CHOICE REALTY, LLC	
2. The Florida doci	ument/registration number assigned to this limited liability company	,
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: 9//2	3 - 1
4. 1, Joanne Owens	, hereby withdraw/resign as a	(** - *
Manager		
<del></del>	(Print Title)	
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notiting.	tified of my
Joanne M. Ow Joanne M. Ow	vens vens (Jan 26, 2024 11:37 PST)	
Signature of D	issociating Member or Resigning Manager	
•	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	