# L16000 36391

(Requestor's Name)				
(Address)				
(Address)				
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PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer:				





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#### **COVER LETTER**

PORTOR MILES Division of Corporations CARLTON REAL ESTATE GROUP, LLC (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: Jeffrey Glickman (Contact Person) CARLTON REAL ESTATE GROUP, LLC (Firm/Company) 2000 PONCE DE LEON BLVD, 600 (Address) CORAL GABLES, FL 33134 (City/State and Zip Code) For further information concerning this matter, please call: 808-0393 (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fec & Certified Copy □ \$25 Filing Fee

#### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (2/14)

TO:

Registration Section

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



### 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)

1. The name of the	limited liability company as	s it appears on the records of th	e Florida Department
of State is:	LTON REAL ESTATE GR	ROUP, LLC	
2. The Florida docu L1600003639	•	ssigned to this limited liability	company is:
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign	o1/10/2020
4. I, Jeffrey Glickr	man	, hereby withdraw/resign	
AM	ame of 1 erson resigning)		
	(Print Title)		
of this limited liab resignation in wri		ne limited liability company has	s been notified of my
Signature of Di	ssociating Member or Resig	ning Manager	
_	\$25.00 (Required) \$30.00 (Optional)		