# 16000065481

(Requ	uestor's Name	)
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(City/	State/Zip/Phor	ne #)
PICK-UP	WAIT	MAIL.
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#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Mills Payl Realty UC (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:
Tommy Fr. (Contact Person)
Wilk Park Realty LC (Firm/Company)
1430 N Mills Ave Orlando, KI 32803 #170 (Address)
Orlando, Fl 32803 (City/State and Zip Code)
For further information concerning this matter, please call:
TOMM FILE (Name of Contact Person)  at (UT) 492 8615  (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\overline{\mathbb{Z}}\$ \$25 Filing Fee & Certified Copy

#### STREET/COURIER ADDRESS:

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

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#### **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 it appears on the records of the Florida De	epart	ment
of State is: Mills Paric Realty, LCC		·
2. The Florida document/registration number assigned to this limited liability company is	:	
<u>L1600065481</u>		
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1(5	110	<u>e</u>
4. I, Richard Kutledge, hereby withdraw/resign as a (Print Name of Person Resigning)		
AMBTZ (Print Title)		
of this limited liability company and affirm the limited liability company has been notification in writing.	ied o	f my
Signature of Dissociating Member or Resigning Manager  Filing Fee: \$25.00 (Required)	NOISIAIO	16 NO)

Certified Copy:

\$30.00 (Optional)