## L16000075109

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(Address)				
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(City/State/Zip/Phone #)				
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SEURETARY OF STATE

K. SALY MAR - 1 2017

## **COVER LETTER**

. •	stration Section			
Divis	sion of Corporations			
SUBJECT:	1135 Rentals, LLC			
	(Name of Limited Liability Company)			
The enclosed	d member, resignation or disso	ciation and fee(s	s) are submitted for filing.	
Please return	all correspondence concernin	g this matter to:		
Steven A. I	Rennick			
-	(Contact Person)		_	
1135 Renta	als, LLC			
	(Firm/Company)		_	
15 Royal P	alm Pointe			
	(Address)		_	
Vero Beach	h, FL 32960			
	(City/State and Zip Code)		_	
For further in	nformation concerning this ma	tter, please call:	•	
Steven A. F	Rennick	772 at (	473-4855	
(N	ame of Contact Person)		& Daytime Telephone Number)	
Enclosed ple	ease find a check made payable g Fee		Department of State for: g Fee & Certified Copy	
	OURIER ADDRESS:		MAILING ADDRESS:	
Registration Division of 0			Registration Section Division of Corporations	
Clifton Build	•		P.O. Box 6327	
	ive Center Circle		Tallahassee, Florida 32314	
	Florida 32301		Laanaoooo, Lionaa Dabi'i	

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)

1. The name of the of State is:		s it appears on the records of the Florida Department
	ment/registration number a	ssigned to this limited liability company is:
3. The date this mer	mber/manager withdrew/res	signed or will withdraw/resign is:
Staven I Ber	raamina	, hereby withdraw/resign as a
Member/Mana		
	Print Title)	
of this limited liab resignation in wri		ne limited liability company has been notified of my
40		
Signature of Bis	ssociating Member or Resig	ning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	