L16 000120 544

(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:					





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02/28/20--01005--008 **25.00

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Resignation

MAR 2 0 2020

COVER LETTER

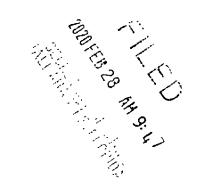
TO:	Registration Section Division of Corporations						
SUBJ	URBAN RENAISSANCE, LLO	2					
	(Name of Limited Liability Company)						
The e	nclosed member, resignation or dis	sociatio	on and fe	e(s)	are submitted for filing.		
Please	e return all correspondence concern	ning this	matter t	o:			
Kelvin	G. Arnold						
	(Contact Person)						
Faithf	ul Builders LLC						
	(Firm/Company)						
2860 I	NW 184 ST						
	(Address)		,				
Miami	Gardens, Florida 33056						
	(City/State and Zip Code)						
For fu	urther information concerning this r	natter, p	olease cal	1:			
Kelvin	G. Arnold	at	786	,	718-4303		
	(Name of Contact Person)			de d	Daytime Telephone Number)		
Enclo	sed please find a check made payat	ole to th	e Florida	De	epartment of State for:		
	5 Filing Fee				Fee & Certified Copy		
	Mailing Address:				Street Address:		
	Registration Section				Registration Section		
	Division of Corporations P.O. Box 6327				Division of Corporations The Centre of Tallahassee		
	Tallahassee, FL 32314				The Centre of Talianassee 2415 N. Monroe Street, Suite 810		
	i minimically i Li Jajit				Tallahassee, FL 32303		

CR2E079 (2/14)

7070 EE8 - # 614 S: ##







DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY (Pursuant to 605.0216, Florida Statutes)

I. The name of of State is:	the limited liability company as	s it appears on the records of the Florida Department
2. The Florida d £1600012054	ocument/registration number as	ssigned to this limited liability company is:
3. The date this r	nember/manager withdrew/resigned	gned or will withdraw/resign is:
(Print Authorized Me	Name of Person Resigning) The moder	, hereby withdraw/resign as a
	(Print Title)	
Hel.	ability company and affirm the riting.	limited liability company has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	Michael Baccus State of Florida My Commission Expires 10/14/2022 Commission No. GG 266898