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SECRETARY OF STATE
TALL AMASSEE FOR TALE

K. SALY FEB 27 2018

COVER LETTER

Registration Section

TO:

CR2E079 (2/14)

Division of Corporations Closing Pro's Of SWFL, 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: Barbara Alfonso (Contact Person) Closing Pro's Of SWFL, LLC (Firm/Company) 1500 Colonial Blvd #105 (Address) Ft. Myers, FL 33907 (City/State and Zip Code) For further information concerning this matter, please call: Barbara Alfonso (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 Fee & Certified Copy **\$25** Filing Fee STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301



FILED 18 FEB 26 AN IO: 53 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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)

		appears on the records of the Florida Department
of State is: Clo	sing Pro's Of SWFL, LLC	
2. The Florida do		gned to this limited liability company is:
3. The date this m	ember/manager withdrew/resign	ned or will withdraw/resign is:
4. I, Anthony Alfe	onso	, hereby withdraw/resign as a
(Print	Name of Person Resigning)	
Vice Preside	nt	
	(Print Title)	
of this limited li resignation in w		limited liability company has been notified of my
	(1)	
Signature of D	bissociating Member or Resignin	ng Manager
-	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	