

11-09-'17 16:39 FROM

Marc Shapiro, P.A.

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Florida Department of State

Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MARC L. SHAPIRO, P.A.
Account Number : I20080000007
Phone : (239)649-8050
Fax Number : (239)649-8054

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
2 BROTHERS PROPERTY GROUP, LLC**

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TALLAHASSEE, FLORIDA

11-09-'17 16:39 FROM- Marc Shapiro, PA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2 Brothers Property 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:

Matthew L. Jones

(Contact Person)

Marc L. Shapiro, P.A.

(Firm/Company)

720 Goodlette Road North, Suite 304

(Address)

Naples, Florida 34102

(City/State and Zip Code)

For further information concerning this matter, please call:

Matthew L. Jones

(Name of Contact Person)

at (239) 649-8050
(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

CR2E079 (2/14)

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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 Department of State is: 2 Brothers Property Group, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L16000124998

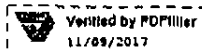
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/03/2017

4. I, Roland Wiegand, hereby withdraw/resign as a
(Print Name of Person Resigning)

Authorized Member

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Roland Wiegand
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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