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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 : I2008000007  
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**

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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S. WARREN  
NOV 13 2017

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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 at ( 239 ) 649-8050  
\_\_\_\_\_  
(Name of Contact Person) (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

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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

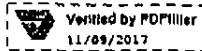
2. The Florida document/registration number assigned to this limited liability company is:  
L18000124998

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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