

L16000140727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

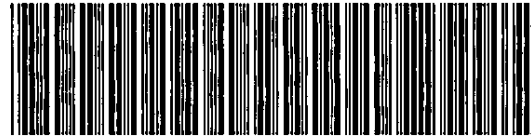
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2017 JAN -3 PM 12:23

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**K. SALY
JAN - 4 2017**



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 12, 2016

RANDY HEFFERNAN
6402 N LYNN AVE
TAMPA, FL 33604

SUBJECT: SHARPER PROPERTIES LLC
Ref. Number: L16000140727

We have received your document for SHARPER PROPERTIES LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 416A00026315



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2017 JAN -3 PM 4:23
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)

1. The name of the limited liability company as it appears on the records of the Florida Department

of State is: Sharper Properties LLC

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

L16000140727

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12-1-16

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

AMBR
(Print Title)

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

Robert Knapp
Signature of Dissociating Member or Resigning Manager

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