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[

(Re	questor's Name)
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Pho	ne #)
PICK-UP	MAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer	
Special institutions to	Timing Cities.	
	1	_

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Property Solu- (Name of Limited Liability Cor	tions LLC
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:	
Cectric lenz (Contact Person)	_
CT Property Solutions (C) (Film/Company)	<u>C</u>
18210 Wayle Road	
(Address)	-
18210 Wayile Road (Address) Fort Myets / FL 33967 (City/State and Zip Code)	•
(City/State and Zip Code)	
For further information concerning this matter, please call:	·
Ceclnic Tenz al 239	682 - 1700
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D S25 Filing Fee S55 Filing	Department of State for: 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

CR2F079 (2/14)



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 th	e limited liability company as it appears on th	the records of the Florida Department
of State is:	CT Property Solution	ons LCC
2. The Florida doo	cument/registration number assigned to this li	limited liability company is:
L160001	74348	
3. The date this m	ember/manager withdrew/resigned or will wit	vithdraw/resign is: Rachael Tenz
4.1, <u>Racha</u> (Print	el Tenz, hereby wi	withdraw/resign as a
_ Man	ageV (Print Title)	
of this limited li- resignation in w	ability company and affirm the limited liabilit riting.	lity company has been notified of my
_ Racha	I Lew	j
Signature of D	Dissociating Member or Resigning Manager	;
	\$25.00 (Required) \$30.00 (Ontional)	