T16000181023

(Requestor's Name)
(to question in the property of the property
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certificates of Status
Special Instructions to Filing Officer:





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S Warren MAR 2 8 2017

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Rent it Property Management	gement L.L.C.	
	of Limited Liability Co	ompany)
The enclosed member, resignation or o	dissociation and fee	(s) are submitted for filing.
Please return all correspondence conce	erning this matter to):
Thomas Baker		
(Contact Person)		
(Firm/Company)		_
2678 N. Federal Hwy, #12		
(Address)		
Boynton Beach FL 33435		
(City/State and Zip Code		_
For further information concerning thi	s matter, please call	l:
Thomas Baker	561	635-8405
(Name of Contact Person)	<u> </u>	le & Daytime Telephone Number)
Enclosed please find a check made pay \$25 Filing Fee		Department of State for: ng Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section Division of Corporations		Registration Section Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314

CR2E079 (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 the	limited liability company	as it appears on the records of the Florida Department
of State is:	t it Property Manageme	ont L.L.C.
2. The Florida doc	ument/registration number	r assigned to this limited liability company is:
L1600018105	2	
3. The date this me	ember/manager withdrew/	resigned or will withdraw/resign is:
Thomas Baker		, hereby withdraw/resign as a
(Print N	lame of Person Resigning)	, hereby withdraw/resign as a
MGR		
 -	(Print Title)	
of this limited lia resignation in wr		the limited liability company has been notified of my
	Pr	
Signature of D	issociating Member or Re	signing Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	