

16000190911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☒ PICK-UP ☐ WAIT ☐ MAIL

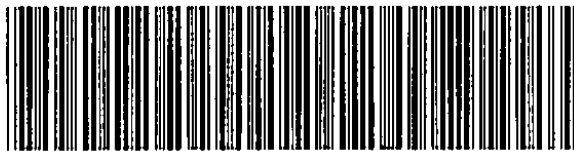
(Business Entity Name)

(Document Number)

opies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Instructions to Filing Officer.

Office Use Only



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2019-12-23 11:10:31

R. WHITE  
JAN 27 2020

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

REALPROPERTIZE LLC

**SUBJECT:** \_\_\_\_\_  
(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:

MARTINI, GREGORY T

\_\_\_\_\_  
(Contact Person)

REALPROPERTIZE LLC

\_\_\_\_\_  
(Firm/Company)

2655 LEEJUNE ROAD SUITE 1101

\_\_\_\_\_  
(Address)

CORAL GABLES, FL 33134

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

MARTINI GREGORY 305 448-3900

\_\_\_\_\_  
(Name of Contact Person) at (\_\_\_\_\_) \_\_\_\_\_  
(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

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



2019 DEC 23 PM 10:31

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)

The name of the limited liability company as it appears on the records of the Florida Department  
REALPROPERTIZE LLC  
of State is: \_\_\_\_\_

The Florida document/registration number assigned to this limited liability company is:  
L16000190911  
\_\_\_\_\_

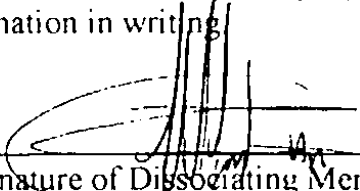
12/21/2019

The date this member/manager withdrew/resigned or will withdraw/resign is: \_\_\_\_\_  
ANDRES E GOMEZ RUTMANN

I, \_\_\_\_\_, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
MGR

\_\_\_\_\_  
(Print Title)

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

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

ng Fee: \$25.00 (Required)  
ified Copy: \$30.00 (Optional)