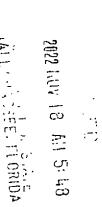
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(Re	equestor's Name)				
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	· #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
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COVER LETTER

ic. Acgi	stration occion			
Divis	sion of Corporations			
SUBJECT:	RIVERGROVE PROPERTIES	LLC		
SOBJECT:	(Name of Limited Liability Company)			
The enclosed	d member, resignation or dis	sociation and fee(s) are submitted for filing.		
Please return	all correspondence concern	ing this matter to:		
MARCIN KAI	RCZMIARZ			
	(Contact Person)			
RIVERGROV	E PROPERTIES LLC			
	(Firm/Company)			
9780 SILVER	CREEK CT			
	(Address)			
ESTERO FL 3	33928			
	(City/State and Zip Code)			
For further in	nformation concerning this	natter, please call:		
MARCIN KAI	RCZMIARZ	at (239) 825-5520		
(N	lame of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed ple	ease find a check made paya	ble to the Florida Department of State for:		
■ \$25 Filing	g Fee	☐ \$55 Filing Fee & Certified Copy		
<u>Maitir</u>	ng Address:	Street Address:		
Regis	stration Section	Registration Section		
	sion of Corporations	Division of Corporations		
	Box 6327	The Centre of Tallahassee		
Talla	hassee, FL 32314	2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303		

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)

	Elimited liability company as		he Florida Department
2. The Florida doc	ument/registration number ass	signed to this limited liability	y company is:
4. I, SMIERZYNSK	ember/manager withdrew/resign. I. HALINA K Vame of Person Resigning)		
MGRM			
	(Print Title)		
of this limited lia resignation in wi	bility company and affirm the iting.	e limited liability company h	
J	smieranest	α	ZNZZ ROV 18 A
	issociating Member or Resign		4 18 8 Y
	\$25.00 (Required) \$30.00 (Optional)		FLORID