217000064765

(Requ	estor's Name)				
(Addre	ess)				
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(City/S	State/Zip/Phon	e #)			
PICK-UP	MAIT	MAIL			
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2018 AUG 14 AM 8: 54 SECRETARY OF STATE

1/2-3/18

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CROWN AWM, NUM CONTRACTORS LLL (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:
ROES MEL RUP (Contact Person)
(Firm/Company)
39 45 TOLLHOUSE PR STE 908 (Address)
NALES / PL / 34114 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (239) 580 9634 (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sum \\$25 \text{ Filing Fee & Certified Copy}\$
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301



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 re	cords of the Flori	da Depai	rtmen	ıt
of State is:	our AUM, NU	M WONT	RALTORS	<u> </u>	<u>. (. </u> .	
2. The Florida doc	ıment/registration number assig	gned to this limite	ed liability compa	inv is:		
<u> </u>	7000064765	·				
3. The date this me	mber/manager withdrew/resign	ed or will withdr	aw/resign is:	4/20/	20	18
4. I. <u>BARÉ</u> (Print N	ame of Person Resigning)	, hereby withd	raw/resign as a			
A	M 212 (Print Title)					
of this limited lia resignation in wr	bility company and affirm the liting.	mited liability co	ompany has been	 notified	of my	,
	PN		_			
Signature of Di	ssociating Member or Resignin	g Manager		SE	26	
	\$25.00 (Required)			SECRETARY OF	IB AUG J	7
Септев Сору:	\$30.00 (Optional)			35.5 10 A&		-