L17000087360

| (Requestor's Name) |
|---|
| . (Address) |
| (Address) |
| (City (Chata Zia /Ohana H) |
| (City/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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| |
| |
| Office Use Only |



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COVER LETTER

| | egistration Section Division of Corporations | | | | |
|---|---|-------------------------------------|---|--|--|
| SUBJEC | T: WBF FLORIDA PROPERTIE | S V, LLC | | | |
| | (Name of Limi | (Name of Limited Liability Company) | | | |
| The encl | osed member, resignation or dissocia | ition and fee(s | e) are submitted for filing. | | |
| Please re | turn all correspondence concerning t | his matter to: | | | |
| Anthony | y J. Gargano, Esq. | | | | |
| | (Contact Person) | | _ | | |
| Anthony | y J. Gargano, P.A. | | | | |
| | (Firm/Company) | | _ | | |
| 2240 W | est First St., Suite 105 | | | | |
| • | (Address) | <u>.</u> | _ | | |
| Fort My | ers, FL 33901 | | | | |
| | (City/State and Zip Code) | | _ | | |
| For furth | er information concerning this matte | r, please call: | | | |
| Judy Pe | erry | 239 | 337-2280 | | |
| | (Name of Contact Person) | (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 | | | | | |
| Registrat Division Clifton E 2661 Exc | T/COURIER ADDRESS: ion Section of Corporations Building ecutive Center Circle see, Florida 32301 | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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)

| | limited liability company as it appears on the records of the Florida Department FLORIDA PROPERTIES V, LLC | | |
|--|--|--|--|
| 2. The Florida docu | ument/registration number assigned to this limited liability company is: | | |
| L1700008736 | 0 | | |
| 3. The date this me | mber/manager withdrew/resigned or will withdraw/resign is: | | |
| 4. I. Anthony J. Gargano, hereby withdraw/resign as a, hereby withdraw/resign as a | | | |
| (Print N | ame of Person Resigning) | | |
| Manager | | | |
| | (Print Title) | | |
| of this limited lia resignation in wr | bility company and affirm the limited liability company has been notified of my iting. | | |
| | issociating Member or Resigning Manager | | |
| Filing Fee: | \$25.00 (Required) | | |
| Certified Copy: | | | |