117000095510

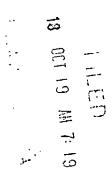
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

CR2E079 (2/14)

TO:	Registration Section		
	Division of Corporations		
SUBJ			
	(Name of Limited	Liability Cor	npany'i
The er	nclosed member, resignation or dissociation	on and fee(s	a) are submitted for filing.
Please	return all correspondence concerning this	s matter to:	
Willia	m Gray		
	(Contact Person)		-
	(Firm/Company)		-
1039	9 Stonebridge Blvd		
	(Address)		
Boca	Raton, FL 33498		
	(City/State and Zip Code)		_
For fu	rther information concerning this matter,	please call:	
Willia	m Gray	561	350-9376
	(Name of Contact Person)		& Daytime Telephone Number)
■ \$25			Department of State for: 3 Fee & Certified Copy
C).	c#1102		
Regist Divisi Clifto 2661	tration Section ion of Corporations in Building Executive Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallah	nassee. 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)

The name of the limited liability company as it appears on the records of the Florida Departmen of State is: FLE 251 LLC
The Florida document/registration number assigned to this limited liability company is: L17000095510
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/01/2018
4. I, William L. Gray , hereby withdraw/resign as a (Print Name of Person Resigning)
MGR
(Print Title)
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
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required)

Certified Copy:

\$30.00 (Optional)