h170000097298

800374040458

09/30/21--01026--010   **25.00

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)
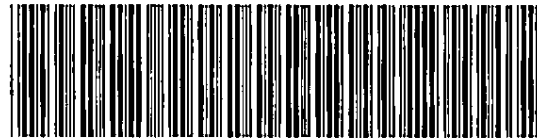
☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

⊃ SIMMONS

OCT 0 6 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VERITE PROPERTY MANAGEMENT, LLC
_____
(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:

BENJAMIN LELINA
_____
(Contact Person)

VERITE PROPERTY MANAGEMENT, LLC
_____
(Firm/Company)

9526 ARGYLE FOREST BLVD STE B2-555
_____
(Address)

JACKSONVILLE, FL 32222
_____
(City/State and Zip Code)

For further information concerning this matter, please call:

BENJAMIN LELINA   904   424-2082
_____ at (_____) _____
(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

Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: VERITE PROPERTY MANAGEMENT, LLC _____.

2. The Florida document/registration number assigned to this limited liability company is:

L17000097298 ____.

3. The date this member/manager withdrew/resigned or will withdraw/resign is: SEPT. 15 , 2021 ____

4. I, TERESITA LELINA ____, hereby withdraw/resign as a
   (Print Name of Person Resigning)

MANAGER ____.
   (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

Filing Fee: $25.00 (Required)
Certified Copy: $30.00 (Optional)