117000 139 618

| (Re | equestor's Name) | |
|---|--------------------|-----------------|
| (Address) | | |
| (Address) | | |
| (Cit | ry/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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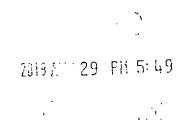
COVER LETTER

TO: Registration Section

CR2E079 (2/14)

| Division of Corporations | | |
|--|---------------------|---|
| SUBJECT: ADVANTAGE REALTY & | INVESTMENT | GROUP, LLC |
| (Name of Li | mited Liability Con | npany) |
| The enclosed member, resignation or disso | ciation and fee(s |) are submitted for filing. |
| Please return all correspondence concernin | g this matter to: | |
| Jeffrey Glickman | | |
| (Contact Person) | | - |
| ADVANTAGE REALTY & INVESTMEN | NT GROUP, LL | (|
| (Firm/Company) | | - |
| 2040 NE 163 ST, 202B | | |
| (Address) | | - |
| MIAMI, FL 33162 | | |
| (City/State and Zip Code) | | • |
| For further information concerning this ma | tter, please call: | |
| | 407 at (| 808-0393 |
| (Name of Contact Person) | (Area Code | & Daytime Telephone Number) |
| Enclosed please find a check made payable ☐ \$25 Filing Fee | | epartment of State for: Fee & Certified Copy |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |





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 of State is: ADVANTAGE REALTY & INV | s it appears on the records of the Florida Department /ESTMENT GROUP, LLC |
|---|---|
| 2. The Florida document/registration number a L17000139618 | ssigned to this limited liability company is: |
| 3. The date this member/manager withdrew/res | signed or will withdraw/resign is: |
| 4. I, Jeffrey Glickman (Print Name of Person Resigning) | |
| AMBR | |
| (Print Title) | |
| of this limited liability company and affirm the resignation in writing. | ne limited liability company has been notified of my |
| lell H | |
| Signature of Dissociating Member or Resig | ning Manager |

Filing Fee: Certified Copy:

\$25.00 (Required) \$30.00 (Optional)