L17000173684

(Re	equestor's Name)		
(Address)			
(Ac	ddress)		
(Ci	ty/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Name)		
(Document Number)			
Certified Copies	Certificates of	Status	
Special Instructions to Filing Officer:			
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ALLAH ASSEC FINANC.

COVER LETTER

	legistration Section Division of Corporations				
•	Trusten et corporations				
SUBJECT:	RWP Property, LLC				
		(Name of Limited Liability Company)			
The encl	osed member, resignation or dissocia	ation and fee(s	s) are submitted for filing.		
Please re	turn all correspondence concerning	this matter to:			
Ramona	a M. Chance				
	(Contact Person)		-		
Law Off	ice of Ramona M. Chance				
	(Firm/Company)		_		
4703 N\	W 53rd Avenue, Suite A1				
	(Address)		_		
Gaines	ville/Florida 32653				
	(City/State and Zip Code)		_		
For furth	er information concerning this matte	er, please call:			
Ramona	a M. Chance	352	335-3189		
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)		
Enclosed	please find a check made payable to iling Fee		Department of State for: g Fee & Certified Copy		
	T/COURIER ADDRESS:		MAILING ADDRESS:		
_	ion Section of Corporations		Registration Section Division of Corporations		
Clifton E			P.O. Box 6327		
2661 Exc	ecutive Center Circle see, Florida 32301		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)

1. The name of the	e limited liability company	as it appears on the records of the Florida Department
of State is:	P Property,LLC	AH C.
2. The Florida doc L1700017368	-	assigned to this limited liability company
		resigned or will withdraw/resign is: 5/85/18-
(Print i	Name of Person Resigning)	, hereby withdraw/resign as a
Authorized M		
	(Print Title)	•
resignation in w		the limited liability company has been notified of my
_	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	