## L17000 189071

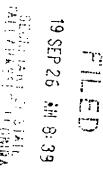
(Re	equestor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
<u>_</u>	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filling Officer:				

Office Use Only



300334373093

09.739/19--01021--036 \*#25.00



007 1 9 2813

T SOURCE SA

COVE	R LETTER '
TO: Registration Section Division of Corporations	
SUBJECT: Tribus Property Managemen	nt, LLC
	ited Liability Company)
The enclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Mike J. Beals, Esq.	
(Contact Person)	
Howard & Howard Attorneys PLLC	
(Firm/Company)	
450 W. 4th Street	
(Address)	
Royal Oak, MI 48067	
(City/State and Zip Code)	
For further information concerning this matter	er, please call:
Rose Fagan	248 723-0419
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to ✓ \$25 Filing Fee	o the Florida Department of State for:  _ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2001 Executive Center Circle	Tallahassee, Florida 32314

Tallahassee, 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)

1. The name of the	limited liability company as	s it appears on the records of th	e Florida	Departmen
of State is:	ous Property Management	, LLC		,
2. The Florida doc L1700018907		ssigned to this limited liability	company	is:
Siddhadh Si	inah	signed or will withdraw/resign i		19, 2019
(Print N	ame of Person Resigning)	, hereby withdraw/resign	us u	
Manager				
	(Print Title)			
of this limited lia resignation in wr		ne limited liability company has	s been not	ified of my
	Start		Part Control	19 SE
Signature of D	issociating Member or Resig	ning Manager	1. Jun 1.	726
	\$25.00 (Required) \$30.00 (Optional)			