117000195030

| 1 | (Requestor's Name) | | | |
|---|--------------------------|--|--|--|
| (Address) | | | | |
| | (Address) | | | |
| | (City/State/Zip/Phone #) | | | |
| PICK-U | P 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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SECRETARY OF STATE BIVISION OF CORPORATIONS

B FIGUEROA MAR 0 6 2018

COVER LETTER

TO: Registration Section Division of Corporations

Filing cancelled due to returned check

| 954 Property Group LLC. SUBJECT: | | |
|---|-------------------|--|
| | mited Liability C | ompany) |
| The enclosed member, resignation or dissoc | ciation and fee | (s) are submitted for filing. |
| Please return all correspondence concerning | g this matter to | : |
| Michael Nunnery | | |
| (Contact Person) | | _ |
| 954 Property Group LLC | | |
| . (Firm/Company) | | _ |
| 3250 NE 1st Ave. Suite 320 | | |
| (Address) | | |
| Miami, FL 33137 | | |
| (City/State and Zip Code) | | |
| For further information concerning this mat | ter, please cal | l: |
| Michael Nunnery | 305 at (| 439 1585 |
| (Name of Contact Person) | | le & Daytime Telephone Number) |
| Enclosed please find a check made payable ☐ \$25 Filing Fee | | Department of State for: ng Fee & Certified Copy |
| STREET/COURIER ADDRESS: | | MAILING ADDRESS: |
| Registration Section | | Registration Section |
| Division of Corporations | | Division of Corporations |

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



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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)

| 954 | Property Group LLC. | s it appears on the records of the | Florida Department |
|--|---|--------------------------------------|---------------------|
| | ument/registration number a | assigned to this limited liability c | ompany is: |
| 3. The date this me | | signed or will withdraw/resign is | 02/27/2018 |
| | | , hereby withdraw/resign a | is a |
| (Print N MGR | lame of Person Resigning) | | |
| | (Print Title) | | |
| of this limited lia resignation in wr | | he limited liability company has | been notified of my |
| Charles D. Helfe | dotloop verified 02/27/18 3:5 PPM EST 6UAA FQNW-SZKT-6E39 | | 3 56 |
| Signature of D | issociating Member or Resig | gning Manager | MAR -5 |
| Filing Fee: | \$25.00 (Required) | | 3 320 |
| _ | \$30.00 (Optional) | | STATE RATION |