L17 000 205280

(Red	uestor's Name)			
(Address)				
(Address)				
(City	//State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
·	•			
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
,				

Office Use Only



600306061436

11/29/17--01028--009 **25.00

17 NOV 29 PH 1: 04

S. WARREN DEC 0 1 2017

COVER LETTER

TO: Registration Section Division of Corporations	
Division of Corporations	
SUBJECT: The Real Florida Country C	Club PM, LLC.
(Name of Limi	ted Liability Company)
The enclosed member, resignation or dissocia	tion and fee(s) are submitted for filing.
Please return all correspondence concerning to	his matter to:
Travis Edge	
(Contact Person)	
The Real Florida Country Club PM, LLC.	
(Firm/Company)	
3119 Keysville Rd	
(Address)	
Lithia, FL 33547	
(City/State and Zip Code)	
For further information concerning this matte	r, please call:
Travis Edge	at (<u>813</u>) <u>704-0847</u>
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to ■ \$25 Filing Fee	the Florida Department of State for: \$\square\$ \$\square
425 thing rec	a 555 I mig ree & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

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:	The Real Florida Country	/ Club PM, LLC.	
2. The Florida doc	ument/registration number	assigned to this limited lial	bility company is:
	L17000205280		
3. The date this me	ember/manager withdrew/re	esigned or will withdraw/re	esign is:11/21/2017
4. I, Larry D. E		, hereby withdraw/re	esign as a
(Prim N	lame of Person Resigning)	•	
Manager			
	(Print Title)		
of this limited lial resignation in wr	bility company and affirm titing.	he limited liability compan	ny has been notified of my
Signature of Di	ssociating Member or Resi	gning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		17 NOV 2