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COVER LETTER

Division of Corporations Disassociation of member SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Shelly Reinshuttle (Contact Person) Reinshuttle Properties LLC (Firm/Company) 4119 Sun N Lake (Address) Sebring Fl. 33872 (City/State and Zip Code) For further information concerning this matter, please call: Shelly Reinsuttle (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO:

Registration Section



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)

ъ.	ne limited liability company as it appears on the record	ds of the Florida Department
2. The Florida do L18000004106	cument/registration number assigned to this limited li	ability company is:
3. The date this m	nember/manager withdrew/resigned or will withdraw/	
	Name of Person Resigning)	C
Manager of this limited li	(Print Title) ability company and affirm the limited liability compa	any has been notified of my
resignation in w	riting.	any has been notified of my
Signature of D	Dissociating Member or Resigning Manager	N
Filing Fee: Certified Conv:	\$25.00 (Required) \$30.00 (Ontional)	