U110000 31007

(Re	questor's Name)			
(Address)				
(Address)				
(Cit	y/State/Zip/Phone #	f)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates o	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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O SIMMONS MAY 2 2 2018

COVER LETTER

	_	stration Section ion of Corporations			
SUBJE		Sure Close Property Manage			
		(Name of Limited Liability Company)			
The end	closed	member, resignation or dissoci	ation and fee(s) are submitted for filing.	
Please r	return	all correspondence concerning	this matter to:		
Paul S	haffe	r			
		(Contact Person)		-	
Sure C	Close	Property Management, LLC			
		(Firm/Company)	151.5.5	-	
245 W	. Blue	e Springs Ave, Suite E			
-		(Address)		-	
Orange	e City	v, FL 32763			
		(City/State and Zip Code)		-	
For furt	ther ir	nformation concerning this matte	er, please call:		
Paul S	haffe	r	386	736-3996	
•	(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclose \$25	•	ase find a check made payable to Fee		epartment of State for: Fee & Certified Copy	
STREE Registra		OURIER ADDRESS:		MAILING ADDRESS: Registration Section	
_		Corporations		Division of Corporations	
Clifton		•		P.O. Box 6327	
		ive Center Circle Florida 32301		Tallahassee, Florida 32314	

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



(Pursuant to 605.0216, Florida Statutes)

The name of the limited liability company as if of State is: Sure Close Property Managem 1	it appears on the records of the Florida Department ent, LLC
2. The Florida document/registration number ass L18000031003	
3. The date this member/manager withdrew/resignus Andrew Shaffer 4. I, (Print Name of Person Resigning)	
MGRM (Print Title)	
of this limited liability company and affirm the resignation in writing.	limited liability company has been notified of my
Signature of Dissociating Member or Resign Filing Fee: \$25.00 (Required)	ing Manager

Certified Copy:

\$30.00 (Optional)