L1800078303

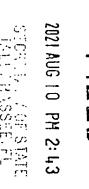
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Special Instructions to F	Filing Officer:	
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July 26, 2021

THANH VAN VO

SUBJECT: CT 2 PROPERTIES LLC

Ref. Number: L18000078303

We have received your document for CT 2 PROPERTIES LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Brumbley Regulatory Specialist II

2011 AUG 10 PM 1:44

Letter Number: 221A00017330

COVER LETTER

TO: Registration Section Division of Corporations CT PROPERTIES LLC 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: THANH VAN VO (Contact Person) CT PROPERTIES LLC (Firm/Company) 3011 VIA SIENA ST (Address) PLANT CITY, FL 33566 (City/State and Zip Code) For further information concerning this matter, please call: 278-9680 THANH VAN VO (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy □ \$25 Filing Fee Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street. Suite 810

P.O. Box 6327

Tallahassee, FL 32314



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)

	e limited liability company as it approperties LLC	opears on the records of the Florida Department
2. The Florida doc	cument/registration number assign	ed to this limited liability company is:
3. The date this m	ember/manager withdrew/resigne	d or will withdraw/resign is:
	EN Name of Person Resigning,	
MEMBER	inductory recurrences, groungs	
	(Print Title)	
resignation in w		nited liability company has been notified of my
	S25.00 (Required)	ivianagei
Certified Copy:	\$30.00 (Optional)	