# L18 000105469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL
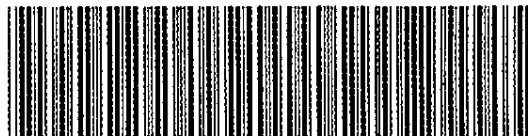
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

**100332765501**

08/14/18--01014--006  **25.0

# COVER LETTER

**TO:** Registration Section
Division of Corporations

**SUBJECT:** CFP Property Investments, LLC
_____
(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:

Keely Chugg
_____
(Contact Person)

CFP Property Investments, LLC
_____
(Firm/Company)

1663 Meadowgold Ct.
_____
(Address)

Winter Park, Fl 32792
_____
(City/State and Zip Code)

For further information concerning this matter, please call:

Keely Chugg                                321        247-2389
_____ at (_____) _____
(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


**STREET/COURIER ADDRESS:**
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

**MAILING ADDRESS:**
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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
   CFP Property Investments, LLC
   of State is: _____.

2. The Florida document/registration number assigned to this limited liability company is:
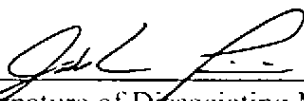   L18000105469
   _____.

   07/01/19

3. The date this member/manager withdrew/resigned or will withdraw/resign is: _____

   Justin Fiorini
4. I, _____, hereby withdraw/resign as a ,
   *(Print Name of Person Resigning)*

   Vice President
   _____.
   *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

_____
Signature of Dissociating Member or Resigning Manager

Filing Fee:        $25.00 (Required)
Certified Copy:    $30.00 (Optional)