## L18000109825

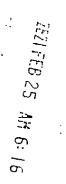
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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O SIMMONS APR 28 2021

## **COVER LETTER**

TO: Registration Section	
Division of Corporations	*
SUBJECT: Easy FL Properties, LLC	2.11.172.0
(Name of Li	mited Liability Company)
The enclosed member, resignation or disso	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
	_
David Svenson	
(Contact Person)	<del></del>
. =	
Easy FL Properties, LLC (Firm/Company)	
(rim/Company)	
5113 Avery Rd	
(Address)	
New Port Richey, FL 34652	
(City/State and Zip Code)	<del></del>
For further information concerning this ma	tter, please call:
David Svenson	at (727 ) 688-1100
(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 P.O. Box 6327	Division of Corporations
Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
rananassee, i E 32314	Tallahassee, FL 32303
	rananassee, rt. 52303



2621 FEB 25 AM 6: 16

## 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 i	t appears on the records of the Florida Department
of State is: <u>Fasy</u>	FL Properties, LLC	
2. The Florida doci	ument/registration number ass	signed to this limited liability company is:
1.18000109825		
3. The date this me	ember/manager withdrew/resig	ened or will withdraw/resign is: 2/28/2021
4. 1. Jane McCroary (Print N	dame of Person Resigning)	hereby withdraw/resign as a
Manager	(Print Title)	
of this limited lial resignation in wri	bility company and affirm the iting.	limited liability company has been notified of my
Signature of Di	Sociating Member or Resigni	ing Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	