# 118000138489

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J. HARRIE

#### **COVER LETTER**

Division of Corporations
SUBJECT: Matthew Guthie and Associates Realty, 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:
Matthew Cathrie (Contact Person)
Matthew Gathrie and Associates Lea Hy, LLC
1509 8th St W
Palmutto, FL 3422/ (City/State and Zip Code)
For further information concerning this matter, please call:
Matthew Cathere at (911) 737-1500  (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 \$\mathbb{Q}\$ \$55 Filing Fee & Certified Copy

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

TO: Registration Section

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)

	limited liability company			•	
of State is:	Matthew Gr	thre and 1	Associates	Realty	, LLC
2. The Florida docu	ment/registration numbe	r assigned to this lin	mited liability com	npany is:	
L18001	38489	·			
3. The date this me	mber/manager withdrew/	resigned or will wit	hdraw/resign is: _	6/20/	18
4. I. Print N	a Debbs ame of Person Resigning)	, hereby wi	thdraw/resign as a	ı	
Authorize	D Representative V	NBR			
of this limited liab resignation in wri	oility company and affirm	the limited liability	y company has bec	en notified o	of my
Ł	Line J. Oalel	1 <u>A</u>		ALL SUASSI	20 20 20 20 20 20 20 20 20 20 20 20 20 2
Signature of Di	ssociating Member or Re	signing Manager		74 C I	N Rim A
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			් දිනි මේ හැ සුව ස	