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(((H24000128026 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : CONROY, CONROY & DURANT, P.A.

Account Number : I20190000025 Phone : (239)649-5200

Fax Number : (239)649-8140

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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#### **COVER LETTER**

TO:	Registration Section Division of Corporations	
	Division of Corporation	
SUBJ	167 Torrey Pines, LLC	
3000	Name of Limited Lia	ollity Company)
The cr	nclosed member, resignation or dissociation a	nd fee(s) are submitted for filing.
Please	e return all correspondence concerning this m	atter to:
Gregor	ry W. Wetzel	
	(Contact Person)	
Conro	y, Conroy & Durant, P.A.	
	(Firm/Company)	
2210	Vanderbilt Beach Road, Suite 1201	
	(Address)	
Naple	s. FL 34109	
	(City/State and Zip Code)	
For fi	urther information concerning this matter, ple	ease call:
Sama	ntha MacLeod at ( at (	649-5200
	(Name of Contact Person) (A	Area Code & Daytime Telephone Number)
	osed please find a check made payable to the 25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)

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## 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)

2. The Florida document/registration number assigned to this limited liability company is:  L18000146512  3. The date this member/manager withdrew/resigned or will withdraw/resign is: 3 28 24  4. I. Lewis H. Robert	1. The name of the I  of State is:	imited liability company as	it appears on the records of	the Florida Department
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 32824  4. I. Lewis H. Robert			signed to this limited liabili	ty company is:
4. I. Lewis H. Robert , hereby withdraw/resign as a   (Print Name of Person Resigning)  (Print Title)  of this limited liability company and affirm the limited liability company has been notified of my resignation in writing)	L18000146512			
4. I. Lewis H. Robert , hereby withdraw/resign as a   (Print Name of Person Resigning)  (Print Title)  of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.	3. The date this men	nber/manager withdrew/resi	igned or will withdraw/resig	en is: 3/28/24
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing	Lewis H. Robert		, hereby withdraw/resi	gn as a
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing	(Print N	ame of Person Resigning)		
resignation in writing	Mipolity Memb	cr ASSIGNER Print Titlej		
resignation in writing	of this limited lial	bility company and affirm th	ne limited liability company	has been notified of my
Signature of Discociating Member or Resigning Manager	resignation in wr	ting		202
Signature of Discociating Member or Resigning Manager		A		486
Signature of Discogniting Member or Resigning Manager	/ Ju H/2	WT (		
218 saling of The 200 clause at the 200 clause a	Signature of Di	ssociating Member or Resig	ining Manager	9
Filing Fee: \$25.00 (Required)	Filing Fee:	\$25.00 (Required)		
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