L18000 147 118

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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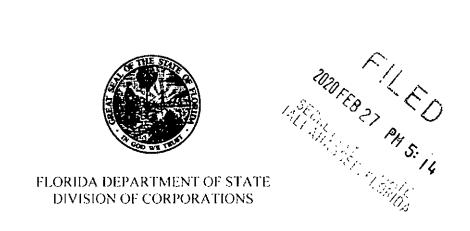
Resignation

MAR 1 0 2020 I ALBRITTON

COVER LETTER

Division of Corporations		
CRE MANAGERS, LLC SUBJECT:		
(Name of	Limited Liability (Company)
The enclosed member, resignation or dis	sociation and fe	e(s) are submitted for filing.
Please return all correspondence concerr	ning this matter t	lo:
ANTHONY C NGO		
(Contact Person)		
CRE MANAGERS, LLC		
(Firm/Company)		
941 W. MORSE BOULEVARD, STE 100		
(Address)		
WINTER PARK, FL 32789		
(City/State and Zip Code)		
For further information concerning this r	natter, please ca	dl:
ANTHONY C NGO	407 at (476-3380
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed please find a check made paya		
■ \$25 Filing Fee	□ \$55 Fil	ing Fee & Certified Copy
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
rananassee, 11, 52,514		Tallahassee, FL 32303

TO: Registration Section



DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

		as it appears on the records of the Florida Department
2. The Florida doc	ument/registration number	assigned to this limited liability company is:
	_	esigned or will withdraw/resign is: 2/20/2020 , hereby withdraw/resign as a
MANAGER	iame of Person Resigning) (Print Title)	· C
	bility company and aftirm	the limited liability company has been notified of my
Signature of D	ssociating Member or Res	igning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	