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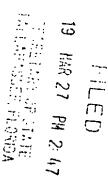
(Requestor's Name)	
(Address)	_
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	7
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Office Use Only



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4/6/19

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Dero Techs Property Management L (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:
Donna Feger (Contact Person)
(Firm/Company)
914 Oak Ridge Road
St. Augustine FL 32086 (City/State and Zip Code)
For further information concerning this matter, please call:
Donna Fear at (631) 741-6784 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(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 & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



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 cor					-	11
of State is:	DeroTechs	Proper-	ty Mana	gement	LL(•
2. The Florida docu	ument/registration n	umber assigne	ed to this limit	ed liability con	npany is:		
L18000	160199						
3. The date this me	mber/manager with	drew/resigned	or will withdi	raw/resign is: <u>c</u>	02/18	119	
4.1. Donna	Fears Jame of Person Resignir					,	
	ame of Person Resignir Partner (Print Title)				TATE OF THE PARTY	AO MAR	1.
of this limited lial resignation in wr	bility company and iting.	affirm the lim	ited liability co	ompany has be	(1) 🚅	1.	- り フ
	Leger			_	FLORIDA	2: 47	
Signature of Di	issociating Member	or Resigning	Manager				
•	\$25.00 (Require	•					
Certified Copy:	\$30.00 (Optiona	il)					