(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
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Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	<u>=</u> .

Office Use Only



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ALBRITTON

### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: COMMONWEALTH REAL ESTATE ASSOCIATES, LI (Name of Limited Liability Company)	LC
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to:	
DREW RUTHER FORO (Contact Person)	
COMMONWEALTH REALESTATEASSOCIATES, LLC.	
3903 NORTHDALE BLVD #00E	
TAMPA, FL. 33624 (City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Contact Person)  at (727) 307 8189  (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 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

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)

1. The name of the limited liability company as it appears on the records of the Flor	ida Department
of State is: COMMONWEALTH REAL ESTATE ASSOCIA	ares, LIC
2. The Florida document/registration number assigned to this limited liability compa	any is:
L1800207328	
3. The date this member/manager withdrew/resigned or will withdraw/resign is:	6/18/19
4. I, REW RUTHERFORD , hereby withdraw/resign as a (Print Name of Person Resigning)	,
MGR - MANA GEYZ (Print Title)	
of this limited liability company and affirm the limited liability company has been resignation in writing.	notified of my
1 Ju m.	
Signature of Dissociating Member of Resigning Manager	
NIE 15 00 (D )	7019
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	( <del>-</del> -
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