## L18000251370

(Requestor's Name)				
(Address)				
(Address)	<del></del>			
(City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
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## **COVER LETTER**

	stration Section sion of Corporations			
SUBJECT:	Signautre Hotels and Resort, LLC			
JUDJECI.	(Name of Limited Liability Company)			
The enclosed	d member, resignation or diss	ociation and fee(	(s) are submitted for filing.	
Please return	all correspondence concerni	ng this matter to	:	
Steve Boge				
<del></del>	(Contact Person)			
Signature Hote	els & Resors, LLC			
	(Firm/Company)		Address:	
3333 Estero B	lvd			
	(Address)		_	
Fort Myers Be	ach, FL 33931			
	(City/State and Zip Code)		<del>-</del>	
For further i	nformation concerning this m	atter, please call	:	
Steve Boge		239 at (	994-2229	
(N	Jame of Contact Person)		le & Daytime Telephone Number)	
Enclosed ple  ■ \$25 Filin	ease find a check made payabl g Fee		Department of State for:  ng Fee & Certified Copy	
Regi Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 thassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	



## 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)

of State is: Signat	ure Hotels and Resorts, LLC		·
2. The Florida docu L18000251370	ment/registration number as	signed to this limited liability comp	any is:
3. The date this men	mber/manager withdrew/res	igned or will withdraw/resign is:	y 1, 2021
Mike Krucemark		, hereby withdraw/resign as a	
Member			
(	Print Title)		
of this limited liab resignation in wri		e limited liability company has beer	
Signature of Dis	ssociating Member or Resig	ning Manager	M21 SEP
	\$25.00 (Required) \$30.00 (Optional)	SSEC. F.	FILED 2021 SEP 17 MM/1:05