

L19 000031132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

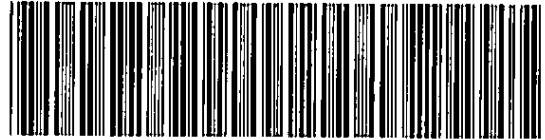
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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2022 JAN 18 AM 7:28

SECRETARY OF STATE  
TALLAHASSEE, FL

O SIMMONS  
FEB 01 2022

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**CBMULTIFAMILY LLC**

**SUBJECT:** \_\_\_\_\_  
(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:**

Charles A. Beard

(Contact Person)

**CBMultifamily, LLC**

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(Firm/Company)

50 N. Laura Street, Suite 2500

(Address)

Jacksonville, FL 32202

(City/State and Zip Code)

**For further information concerning this matter, please call:**

Charles A. Beard	904	334-3620
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\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(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 ☐ \$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**



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2022 JAN 18 AM 7:28

SECRETARY OF STATE  
TALLAHASSEE, FL

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 Florida Department  
CBMULTIFAMILY LLC  
of State is: \_\_\_\_\_

2. The Florida document/registration number assigned to this limited liability company is:  
L19000031132  
\_\_\_\_\_

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/22/21  
Clinton Isaac Hale

4. I, Clinton Isaac Hale, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
Manager  
Manager  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my  
resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)