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| (Requestor's Name) |
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| (Address) |
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| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| Certified copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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MAR 25 2019 S. YOUNG STORT AND THORD

FILED HAR I'L FH 6: 25

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Resorts and Condos Resole LLC (Name of Limited Liability Company) |
| (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: |
| Georges Amil Car (Contact Person) |
| Results and Condoi Resale. LLC |
| 14631 NE FL (4 (Address) |
| Mikmi El 3361 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| (Name of Contact Person) at (361) 451-7659 (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 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 |

Tallahassee, Florida 32314

CR2E079 (2/14)

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 compa | | | | Departi | nent |
|--|--|-----------------|--------------------|----------------|------------|----------|
| 2. The Florida docu | ment/registration num | ber assigned t | o this limited lia | bility company | y is: | |
| 4.1. AShle Prim No. | mber/manager withdre | | | | 9-19 | <u> </u> |
| of this limited liab resignation in wri | oility company and affi ting. | irm the limited | l liability compa | ny has been no | otified of | my |
| Signature of Di | Ssociating Member or | Resigning Ma | падег | TALENTAGO | 19 MAR 14 | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | | ;; - re- | PH 6: 25 | |