L19000037032

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COVER LETTER

Division of Corporations VILLAGE SQUARE OFFICES, 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: Jonathan Gitman (Contact Person) Mayer & Gitman CPA's Inc. (Firm/Company) 4425 Military Trail, Ste 110 (Address) Jupiter, FL 33458 (City/State and Zip Code) For further information concerning this matter, please call: Jonathan Gitman (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ■ \$55 Filing Fee & Certified Copy □ \$25 Filing Fee STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314

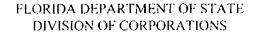
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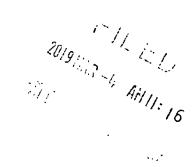
Talfahassee, Florida 32301

TO:

Registration Section







DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as	s it appears on the records of the Florida Department 6, LLC
2. The Florida docu L19000037032	•	ssigned to this limited liability company is:
3. The date this mer	mber/manager withdrew/res	signed or will withdraw/resign is:
4. I. MCMANUS, MEGHAN (Print Name of Person Resigning)		
AMBR		
	Print Title)	
of this limited liab resignation in wri	, ,	ne limited liability company has been notified of my
mi		
Signature of Dis	ssociating Member or Resig	gning Manager
•	\$25.00 (Required) \$30.00 (Optional)	