119 0000 80266

(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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COVER E	EIIER
TO: Registration Section	y.
Division of Corporations	
Belmira Property Management, LLC SUBJECT:	
(Name of Limited I	iability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
Tae Shin	
(Contact Person)	
	202
(Firm/Company)	2022 AUG
189 S Orange Avenue, Suite 1650	AUG 23
(Address)	
Orlando, FL 32801	
(City/State and Zip Code)	<u>~</u>
For further information concerning this matter, p	lease call:
Tae Shin	407 730-7814
	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	-
■ \$25 Filing Fee	S55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassec, 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)

The Florida document/registration number assigned to this l	imited liability company is:	
L19000080266	, , ,	
The date this member/manager withdrew/resigned or will w	ithdraw/resign is:	2022 Jug 23
I. Miroslawa Roberts (Print Name of Person Resigning), hereby v	vithdraw/resign as a	J6 23
Manager	•	AH
(Print Title)	· · · · · · · · · · · · · · · · · · ·	50 :6 FIV
of this limited liability company and affirm the limited liabil resignation in writing.	ity company has been notifie	

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)