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(Red	questor's Name)	_
(Add	iress)	
(Address)		
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer	
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A. RIVERS



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COVER LETTER

_	stration Section sion of Corporations		
SUBJECT:	Grandview 1 LLC		
		f Limited Liability C	(ompany)
The enclosed	d member, resignation or dis	ssociation and fee	e(s) are submitted for filing.
Please return	all correspondence concern	ning this matter to	o:
Michael Jones			
	(Contact Person)		
Grandview 1 L	LC		
·	(Firm/Company)		
5977 Anise Dr			
	(Address)		 .
Sarasota, FL 3-	4238		
	(City/State and Zip Code)		
For further in	nformation concerning this r	natter, please cal	1:
Michael Jones		941 at (504-4747
(N	ame of Contact Person)		de & Daytime Telephone Number)
	ase find a check made payab	ole to the Florida	Department of State for:
■ \$25 Filing	g Fee	□ \$55 Filii	ng Fee & Certified Copy
Regis Divis P.O. I	tration Section ion of Corporations Box 6327 nassee, 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:	dview I LLC	,
2. The Florida doo	ument/registration number as:	signed to this limited liability company is:
L19000102186		
3. The date this m	ember/manager withdrew/resi	gned or will withdraw/resign is: April 1, 2021
Charlotte S Jone	es s	hereby withdraw/resign as a
(Print)	Name of Person Resigning)	, hereby withdraw/resign as a
Manager		
	(Print Title)	
		limited liability company has been notified of my
resignation in w	riting.	
Charlo	Q Joses	P1112: 23
Signatura of D	issociating Member or Resign	ing Manager

CR2E079 (2/14)

JESSICA MARTINEZ
MY COMMISSION #93974904
EXPIRES: APR 03, 2024
Bonded through 1st State Insurance