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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	 -
Certified Copies Certificates of St	atus
Special Instructions to Filing Officer:	





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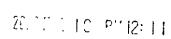
R. WHITE MAR 11 2020

COVER LETTER

TO:	Registration Section	
	Division of Corporations	
SUBJ	FOUR PARTNERS PROPERTIE	<u> </u>
	(Name of Lin	nited Liability Company)
The c	nclosed member, resignation or dissoc	iation and fee(s) are submitted for filing.
Please	e return all correspondence concerning	this matter to:
KATH	Y M ROBERTS	
	(Contact Person)	
FOUR	PARTNERS PROPERTIES, LLC	
	(Firm/Company)	
534 SE	E EUCLID LANE	
	(Address)	
PORT	ST. LUCIE, FLORIDA 34983	
	(City/State and Zip Code)	
For fu	irther information concerning this matt	er, please call:
LON P	PARSONS	772 985-4967 at ()
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclo	sed please find a check made payable t	to the Florida Department of State for:
	5 Filing Fee	☐ \$55 Filing Fee & Certified Copy
	Mailing Address:	Street Address:
	Registration Section Division of Corporations	Registration Section Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	1 41141140300, 1 2 3 2 3 1 1	Tallahassee, FL 32303

CR2E079 (2/14)





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 company as it appears on the records of the Florida Departmen UR PARTNERS PROPERTIES, LLC
	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4. I,KATHY M R	OBERTS, hereby withdraw/resign as a lame of Person Resigning)
(Print N	ame of Person Resigning)
MANAGING P.	ARTNER
<u></u>	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Zm.	Soha
Signature of Di	ssociating Member or Resigning Manager
_	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)

MANAGER RESIGNATION Or FOUR PARTNERS PROPERTIES, LLC

I, <u>Kathy M. Roberts</u> a current manager of Four Partners Properties, LLC, hereby tender my resignation effective this date.

DATED this 11th day of February 2020.

Manager