## L19000120720

(Requ	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doci	ument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	
J. HORN	VE	
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Office Use Only



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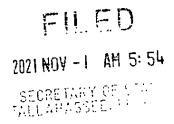
## COVER LETTER

Division of Corporations MID-FIFTIES PROPERTY GROUP, LLC (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: Scott B. Albee (Contact Person) (Firm/Company) 239 Aranda Street NE (Address) St. Petersburg, FL 33704 (City/State and Zip Code) For further information concerning this matter, please call: Scott B. Albee (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: **\$25** Filing Fee ☐ \$55 Filing Fee & Certified Copy Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:

Registration Section





## 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)

	e limited liability company as it appears on the records of the Florida Department -FIFTIES PROPERTY GROUP, LLC
2. The Florida doc L19000120720	cument/registration number assigned to this limited liability company is:
Comma Minhoral C	ember/manager withdrew/resigned or will withdraw/resign is:  onahan  , hereby withdraw/resign as a  Name of Person Resigning)
(Print ) Managing Memb	
of this limited lia resignation in w	ability company and affirm the limited liability company has been notified of my riting.
人	_M. CL
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)