L19000137545

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 9/18/19

NAME: LA ROSA REALTY ST PETERSBURG LLC

TYPE OF FILING: RESIGNATION OF MEMBER

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE abbie Hodge

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: LA ROSA REALTY ST PETERSBURG	S LLC			
(Name of Limited Liability	Company)			
The enclosed member, resignation or dissociation and f	ee(s) are submitted for filing.			
Please return all correspondence concerning this matter	to:			
WHITNEY ROBERTS				
(Contact Person)				
LA ROSA REALTY ST PETERSBURG LLC				
(Firm/Company)				
440 2ND ST N				
(Address)				
ST PETERSBURG, FL 33701				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
WHITNEY ROBERTS 863	6021043			
(Name of Contact Person) (Area C	ode & Daytime Telephone Number)			
Enclosed please find a check made payable to the Florida Department of State for: \$\sum_\$\$ \$25 \text{ Filing Fee & Certified Copy}\$\$				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			

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)

		i i
1. The name of the	limited liability company as i	t appears on the records of the Florida Department
of State is: LA R	OSA REALTY ST. PETER	RSBURG LLC
2. The Florida docu L19000137545		signed to this limited liability company is:
3. The date this mer	mber/manager withdrew/resig	gned or will withdraw/resign is:
4. I, <u> </u>	MOTTA	, hereby withdraw/resign as a
(Print No	ime of Person Resigning)	, hereby withdraw/resign as a
MANAGING M	IEMBER	
(Print Title)	
of this limited liab	ility company and affirm the	limited liability company has been notified of my
Elm//	Li Molla	
Signature of Dis	sociating Member or Resign	ing Mahager
Filing Fee:	\$25.00 (Required)	
_	\$30.00 (Optional)	