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## **COVER LETTER**

Division of Corporations P.T.R FAMILY PROPERTY LLC SUBJECT: (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: GIOVANNI RUBIANO (Contact Person) P.T.R FAMILY PROPERTY LLC (Firm/Company) 5923 CAUSEWAY BLVD (Address) TAMPA, FL 33619 (City/State and Zip Code) For further information concerning this matter, please call: GIOVANNI RUBIANO (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 Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 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)

	mited liability company as P.T.R FAMILY PROPERTY L	s it appears on the records of the F	lorida Department
2. The Florida docum	nent/registration number a	ssigned to this limited liability con	npany is:
3. The date this mem	ber/manager withdrew/res	signed or will withdraw/resign is: _	12/04/2019
4. I, ANDY AFONSO (Print Nan	ne of Person Resigning)	, hereby withdraw/resign as a	ı
М	GR		
- (P	rint Title)		
resignation in writi	ng.	ne limited liability company has be	een notified of my
Signature of Diss	sociating Member or Resig	ning Manager	2019 DE
Filing Fee: Certified Copy:	• •	. · ·	2:11WV 6-3