

L19000211951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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JUL 1 2021  
L24 PM 4:01

JUL 1 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 14, 2021

CERTIFIED RESIDENTIAL REALTY, LLC  
1311 SW 3RD STREET  
BOCA RATON, FL 33486

SUBJECT: CERTIFIED RESIDENTIAL REALTY, LLC  
Ref. Number: L19000211951

We have received your document for CERTIFIED RESIDENTIAL REALTY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 621A00016131

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CERTIFIED RESIDENTIAL REALTY, 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:

CLAIRE COLLINS

\_\_\_\_\_  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

1311 SW 3RD STREET

\_\_\_\_\_  
(Address)

BOCA RATON, FL 33486

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

CLAIRE COLLINS

561

441.0507

at ( )

\_\_\_\_\_  
(Name of Contact Person)

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, 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)

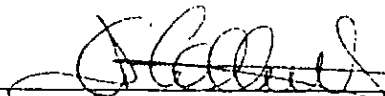
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: CERTIFIED RESIDENTIAL REALTY, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L19000211951

3. The date this member/manager withdrew/resigned or will withdraw/resign is: JUNE 25TH, 2021

4. I, CLAIRE COLLINS, hereby withdraw/resign as a MANAGER  
(Print Name of Person Resigning)  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)