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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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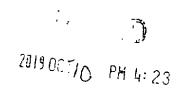
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COVER LETTER

то:	_	stration Section sion of Corporations		
SUBJ	JECT:	Golden Pen Realty, LLC		
		(Name of Li	mited Liability Co	mpany)
The e	nclosed	l member, resignation or dissoc	ciation and fee(s) are submitted for filing.
Please	e return	all correspondence concerning	g this matter to:	
Tina	Anh P	ham		
		(Contact Person)		_
Golde	en Per	n Realty, LLC		
		(Firm/Company)		_
7855	Argyle	e Forest Blvd #910		
		(Address)		_
Jacks	sonville	e, FL 32244		
		(City/State and Zip Code)		_
For fu	ırther ir	nformation concerning this mat	ter, please call:	
Tina	Anh P	ham	904 at (305-7767
	(N	ame of Contact Person)	_ \	& Daytime Telephone Number)
	sed ple 5 Filing	ase find a check made payable g Fee		Department of State for: g Fee & Certified Copy
Regis	tration	OURIER ADDRESS: Section		MAILING ADDRESS: Registration Section
		Corporations		Division of Corporations
	n Build Execut	ive Center Circle		P.O. Box 6327 Tallahassee, Florida 32314
		Florida 32301		

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)

	en Pen Realty, LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L1900002391	
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
Ougo V Phon	n
(Print N	, hereby withdraw/resign as a ame of Person Resigning)
Manager	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my ting.
Our	Mam
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)