L200000 61422

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



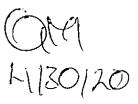
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COVER LETTER

TO:		stration Section			•
	Divis	sion of Corporations			
SUBJ	IECT:	MHC FAMILY PROPERTIES, I			
		(Name of I	_imited	Liability Co	ompany)
The e	nclosed	d member, resignation or diss	ociatio	on and fee((s) are submitted for filing.
Please	e returr	all correspondence concerni	ng this	s matter to	:
Andre	w L. Rei	ım			
		(Contact Person)			_
Andre	w L. Rei	iff, P.A.			
		(Firm/Company)			
135 W	. Centra	d Blvd. Suite 730			
		(Address)			_
Orland	lo, FL 3	2810			
		(City/State and Zip Code)			
For fu	irther ii	nformation concerning this m	atter. _J	please call	:
Andre	w L. Rei	in	at	407	423 8183
	(N	fame of Contact Person)		·——	e & Daytime Telephone Number)
Enclo	sed ple	ease find a check made payabl	le to th	ne Florida	Department of State for:
	5 Filing				ig Fee & Certified Copy
	Mailir	ng Address:			Street Address:
	_	stration Section			Registration Section
		sion of Corporations			Division of Corporations
		Box 6327 hassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	rana	паѕъсс, гъ эдэт4			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)

	limited liability company a	s it appears on the records of th	ne Florida Department	
2. The Florida doc L20000061422	ument/registration number a	ssigned to this limited liability	company is:	
3. The date this mo	ember/manager withdrew/res	signed or will withdraw/resign	is:	
4. I, Austin W. McGa	avin iame of Person Resigning)	, hereby withdraw/resign	as a	
Manager				
	(Print Title)			
of this limited lia resignation in wr		he limited liability company ha	s been notified of my	
aust W.	M Ju		SIGNHERE	
Signature of D	issociating Member or Resig	gning Manager	2029 ,	:
_	\$25.00 (Required) \$30.00 (Optional)		2020 APR 20 AM II	