

L20 000 198 498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

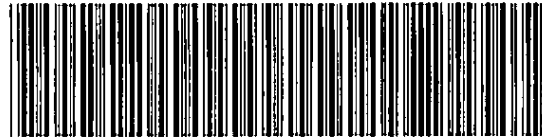
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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02/08/21--01020--010 ++25.00

MAR 24 2021
S. YOUNG

2021 FEB -8 PM 6:42

To whom,

Not Sure if I Needed both of
these to Accomplish what I Needed
to do. hopefully I did it
Correct please let me know
if so. AND if I Needed
to pay twice? Thank you
GARY Rini

Any Questions 813-390-7618

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OWN it First 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:

GARY Rini
(Contact Person)

(Firm/Company)

13836 Stone Mill Way
(Address)

Tampa FL 33613
(City/State and Zip Code)

For further information concerning this matter, please call:

GARY Rini at (813) 390-7618
(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: OWN IT FIRST REALTY LLC

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

L20000198498

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1/15/2021

4. I, ROBERT CALISTRI, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGR, MGRM
(Print Title)

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

Robert Calistri

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)

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