

L20000218818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

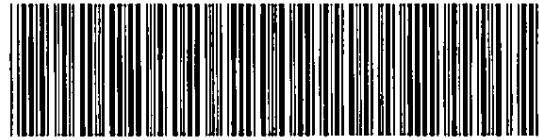
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2020 OCT 19 PM 5:14  
CLERK OF STATE  
TALLAHASSEE, FL

7/11/19/20

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

DIRT REALTY, 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:

ROBERT WAUN

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

DIRT REALTY, LLC

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

1325 UNIVERSITY

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

PONTIAC, MI 48342

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

For further information concerning this matter, please call:

ROBERT WAUN

248

722-9286

\_\_\_\_\_  
(Name of Contact Person) at (\_\_\_\_\_) \_\_\_\_\_  
(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  
Dirt Realty, LLC  
of State is: \_\_\_\_\_

2. The Florida document/registration number assigned to this limited liability company is:  
L20000218818  
\_\_\_\_\_

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/1/20  
Karen McCarthy

4. I, \_\_\_\_\_, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
A member

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

FILED  
2020 OCT 19 PM 5:14  
DIVISION OF STATE  
CORPORATIONS, FL

### Article V

The name and address of person(s) authorized to manage LLC:

Title: MGR  
ROBERT G WAUN JR.  
1325 UNIVERSITY  
PONTIAC, MI. 48342

L20000218818  
FILED 8:00 AM  
July 24, 2020  
Sec. Of State  
jsadler

Title: AMBR  
KAREN MCCARTHY  
805 8TH #101  
MIAMI BEACH, FL. 33139

PLEASE REMOVE

### Article VI

The effective date for this Limited Liability Company shall be:

07/24/2020

Signature of member or an authorized representative

Electronic Signature: KAREN MCCARTHY

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.