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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : J.KEVIN DRAKE, P.A.

Account Number : I20020000002

Phone

: (941)954-7750

Fax Number

: (941)951-1509

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<u></u>	

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

mail	Address:	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DRIFT PROPERTIES, LLC

Certificate of Status	0
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K. SALY

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: DRIFT PROPERTIES, L	LC	
	nited Liability (Company)
The enclosed member, resignation or dissoc	iation and fe	ee(s) are submitted for filing.
Please return all correspondence concerning	this matter t	to:
J. KEVIN DRAKE, ESQ.		
(Contact Person)	•	_
J. KEVIN DRAKE, P.A.		
(Firm/Company)		_
1432 FIRST STREET		
(Address)		_
SARASOTA, FLORIDA 34236		
(City/State and Zip Code)		
For further information concerning this matt	er, please cal	fl:
KEVIN DRAKE	941 at (954-7750 X 108
(Name of Contact Person)		ode & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee		Department of State for: ing 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
CR2E079 (2/14)		

(FAX)

P.003/003

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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)

		as it appears on the records of the Florida Department
2. The Florida doc L20000253902	ument/registration number	assigned to this limited liability company is:
IOUN! BIJECO		resigned or will withdraw/resign is: NNE 14, 2024
(Print) MANAGER	Vame of Person Resigning)	, hereby withdraw/resign as a
	(Print Title)	•
of this limited lia resignation in wr		the limited liability company has been notified of my
Signature of D	issociating Member or Res	igning Manager
	\$25.00 (Required) \$30.00 (Optional)	
		(((H24000258508 3)))