# L20000343048

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### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: CRISTAIOLI 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:		
Steven Cristaldi (Contact Person)		
CRiStaldi Realty LC (Firm/Company)		
1644 Nina Drije (Address)		
Davenport, FL 33837 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Steven Cristaldi at (239) 218-0816 (Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for:  \$\sum \\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$		

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:	Ristaldi Realty LC.
	iment/registration number assigned to this limited liability company is:
<u>L2000</u>	0343048
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 11/14/2020
4. I, Crr, (Print No.	me of Person Resigning), hereby withdraw/resign as a
Via	President. (Print Title)
of this limited liab resignation in wri	oility company and affirm the limited liability company has been notified of my ting.
In	ni (Mistaldi
Signature of Dis	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)
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