## L20000365 105

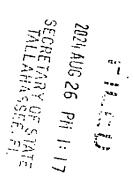
(Requestor's Name)					
(Address)					
<b>,</b>					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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08/26/24--01021--016 \*\*25.00



## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: OVERTIME Properties of Limited L.	iability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this r	natter to:
DENNIS R CRAWFO	ND.
OVERTIME PROPERTIES (Firm/Company)	<u>LLC</u> 5 75
13000 PAYTON ST	TOTA AUG 26 PH 1: 17 SECRETARY OF SHALL ARASSES. H
ODESSA, FL 33556 (City/State and Zip Code)	PET TO
For further information concerning this matter, pl	ease call:
DENNIS R CRAWFORDat (Name of Contact Person)	813 ) 368-4553 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee \$\Bigsim\$ :	Florida Department of State for: \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314



## 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 of	company as it app	pears on the reco	rds of the F	lorida I	Depart	.ment
of State is:	DUMTIME	PROPERTIE	S LLC.				
2. The Florida doc	ument/registration	n number assigne	d to this limited	iability con	npany i	.s:	
_120000	365105						
3. The date this me	ember/manager w	ithdrew/resigned	or will withdraw	:/resign is: _	08/2	2/20	<u> </u>
4. I. <u>L'AYTO</u>	N E LYLE. Jame of Person Resig	S TA	hereby withdray	v/resign as a	a		
MG	(Print Title)	·					
of this limited lia resignation in wr	• •	nd affirm the lim	ited liability com	pany has be	e TALLAHA	高 到24 AUG 26	i my
Signature of D	issociating Memb	per or Resigning	Manager		1935 P	PH 1: 17	
Filing Fee:	\$25.00 (Requ \$30.00 (Option				176	17	