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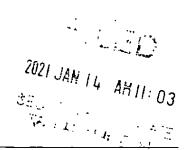
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O SIMMONS FEB 20 2021

COVER LETTER

TO: Registration Section Division of Corporations



STERN PROPERTY HOLDINGS, LLC

SUBJECT:

(Name of Limited Liability Company)

The enclosed member, resignation or diss	ociation and fe	e(s) are submitted for filing	g .
Please return all correspondence concerni	ng this matter t	0:	
ROBERT M. ABRAMSON, ESQUIRE			
(Contact Person)			
(Firm/Company)			
19 E. CENTRAL BOULEVARD, 3RD FLOOR			
(Address)			
ORLANDO, FL 32801			
(City/State and Zip Code)		_	
For further information concerning this m	atter, please ca	11:	
ROBERT M. ABRAMSON	407 at (330-5255	
(Name of Contact Person)		ode & Daytime Telephone Nu	imber)
Enclosed please find a check made payab		*	
■ \$25 Filing Fee	□ \$55 Fil	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







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: STEF	RN PROPERTY HOLDINGS,	LLC
2. The Florida doc L20000393429	ument/registration numbe	r assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/	resigned or will withdraw/resign is: 12/31/2020
ROBERT M. ABRAMSON		hereby withdraw/resign as a
(Print N	Jame of Person Resigning)	, hereby withdraw/resign as a
AP		
	(Print Title)	<u>-</u> '
of this limited lia resignation in wr		n the limited liability company has been notified of my
Signature of D	issociating Member or Re	signing Manager
_	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	