## HZ1000183483

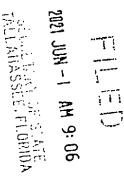
(Requestor's Name)						
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PICK-UP WAIT MAI	L					
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Certified Copies Certificates of Status						
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Special Instructions to Filing Officer:						

Office Use Only



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## **COVER LETTER**

TO:	Registration Section		·
	Division of Corporations		
SUBJ	Charlotte Harbor Realty Gro	up, LLC	
	(Nam	e of Limited Liability Co	ompany)
The er	nclosed member, resignation or	dissociation and fee	(s) are submitted for filing.
Please	return all correspondence conc	erning this matter to	<b>)</b> :
Frances	s Jarvis		
	(Contact Person)		<del>_</del>
Charlot	tte Harbor Realty Group, LLC		
	(Firm/Company)		_
200 S. A	Andrews Ave. Ste. 100		
	(Address)		<del></del>
Fort La	uderdale, FL 33301		
	(City/State and Zip Code	2)	_
For fu	rther information concerning thi	is matter, please call	:
Frances	Jarvis	954 at (	351-7474
	(Name of Contact Person)		e & Daytime Telephone Number)
Enclos	ed please find a check made pay	yable to the Florida	Department of State for:
<b>≡</b> \$25	Filing Fee		g Fee & Certified Copy
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee
	7 diffullussee, 1 15 32314		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 th	e limited liability company as	it appears on the	records of the Flori	da Dep	artment
of State is: Cha	rlotte Harbor Realty Group, LLC				
2. The Florida do L21000183483	cument/registration number as	signed to this lim	ited liability compa	ny is: 1021 Ji	~ [11]
3. The date this n	nember/manager withdrew/resi	igned or will with	draw/resign is:	/20 <del>2  </del>	* 5
4. I,		, hereby with	idraw/resign as a	A	; ; ; ;
(Print	Name of Person Resigning)	,,,		9	1
Member				9: 06	
	(Print Title)				
resignation in w			company has been i	notified	l of my
Signature of T	Dissociating Member or Resign	ning Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	•			