L21000218090

(Requestor's Name)			
(Address)			
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(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Dusiness Littly Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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ECRETARY OF STATE

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	JECT: HV Real Hate Junest no	bility Company)
The e	nclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Pleas	e return all correspondence concerning this m	atter to:
	Higher L. Neras (Contact Person)	
<u> </u>	(Firm/Company)	
_37	021 Port Royale DR 5 4 30 (Address)	2
<u> </u>	(City/State and Zip Code)	
For fu	erther information concerning this matter, ple	ase call:
<u> </u>	(Name of Contact Person) at (A	rea Code & Daytime Telephone Number)
	sed please find a check made payable to the I 5 Filing Fee	Florida Department of State for: 55 Filing 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)

TO:



FILED

2021 JUL 26 PM 1:46

SECRETARY OF STATE TALLAHASSEE, FLORE

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 or	n the records of the Florida Department
of State is: My Real State Twostness L	LC
2. The Florida document/registration number assigned to thi	s limited liability company is:
L21000218090	
3. The date this member/manager withdrew/resigned or will	withdraw/resign is: 7/5/21
4. L free sea Cafarella, hereby (Print Name of Person Resigning)	withdraw/resign as a
Mayage (Print Title)	
of this limited liability company and affirm the limited liab resignation in writing.	oility company has been notified of my
Signature of Dissociating Member or Resigning Manage	r
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	