L210003400 74

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entry Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
J DENNIS				
<u>-</u>				
JUL 21 2023				

Office Use Only



900408353419

05/09/23++01023++014 **25.00

TOTAL PROPERTY.

COVER LETTER

Division of Corporations Florida Avenue Housing 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: Roy Campbell (Contact Person) Florida Avenue Housing LLC (Firm/Company) 65 Lewis Blvd. (Address) St. Augusting, FL 32084 (City/State and Zip Code) For further information concerning this matter, please call: Roy Campbell (Area Code & Daytime Telephone Number) (Name of Contact Person) Englosed please find a check made payable to the Florida Department of State for: ☑ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations** Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

TO:

Registration Section



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)

	limited liability company a		of the Florida Department
2. The Florida docu L21000340074	ument/registration number a	ssigned to this limited liabil	lity company is:
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resi	ign is:
Edwin K. Martin , hereby withdraw/resign as a (Print Name of Person Resigning)		iign as a	
MGR			
	(Print Title)		
of this limited lia resignation in wr	bility company and affirm thiting.	ne limited liability company	has been notified of my
Signature of Di	ssociating Member or Resig	oning Manager	20 0 Si
Signature of Di	soonaming member of mesig		SFORETAL SPORETAL
_	\$25.00 (Required) \$30.00 (Optional)		FILED TARY OF STA OF CORPORA Y-9 PM 3: