## 121000366012

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

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## **COVER LETTER**

| TO:      | Registration Section                |             |             | •  |
|----------|-------------------------------------|-------------|-------------|--|
|          | Division of Corporations            |             |             |  |
| SUBJ     |                                     | <del></del> |             |  |
|          | (Name of L                          | _imited     | Liability ( | Company)   |
| The er   | nclosed member, resignation or diss | ociatio     | n and fe    | e(s) are submitted for filing.                         |
| Please   | return all correspondence concerni  | ng this     | matter t    | to:  |
| Christia | an Charre                           |             |             |  |
|          | (Contact Person)                    |             |             |  |
| Gables   | Court Pacific, LLC                  |             |             |  |
|          | (Firm/Company)                      |             |             |  |
| 777 Bri  | ickell Avenue, # 1100               |             |             |  |
|          | (Address)                           |             | •           |  |
| Miami,   | FL 33131                            |             |             |  |
|          | (City/State and Zip Code)           |             |             | <del></del>  |
| For fu   | rther information concerning this m | atter, p    | lease ca    | ll:  |
| Christia | an Charre                           | at          | 305<br>(    | 205-6722   |
|          | (Name of Contact Person)            |             | (Area Co    | ode & Daytime Telephone Number)                        |
| Enclos   | sed please find a check made payabl | le to th    | e Florid    | a Department of State for:                             |
|          | 5 Filing Fee                        |             |             | ing Fee & Certified Copy                               |
|          |                                     |             |             |  |
|          | Mailing Address:                    |             |             | Street Address:  |
|          | Registration Section                |             |             | Registration Section                                   |
|          | Division of Corporations            |             |             | Division of Corporations                               |
|          | P.O. Box 6327                       |             |             | The Centre of Tallahassee                              |
|          | Tallahassee, FL 32314               |             |             | 2415 N. Monroc 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)

| of State is:                             | s Court Pacific, LLC               |                                 |                         |  |
|--|------------------------------------|---------------------------------|-------------------------|--|
| 2. The Florida docu                      | ıment/registration number as       | ssigned to this limited liabili | ty company is:          |  |
| L21000366012                             |                                    |                                 |                         |  |
| 3. The date this me                      | mber/manager withdrew/res          | igned or will withdraw/resig    | 8/16/2021<br>gn is:     |  |
| Nancy Charre                             |                                    | , hereby withdraw/resign as a   |                         |  |
| (Print N                                 | ame of Person Resigning)           |                                 |                         |  |
| Member                                   |                                    |                                 |                         |  |
|  | (Print Title)                      |                                 |                         |  |
| of this limited lia<br>resignation in wr | bility company and affirm thiting. | ne limited liability company    | has been notified of my |  |
| · · · · · · · · · · · · · · · · · · ·    |                                    |                                 | •                       |  |
| 1/10                                     | . ( / ai.)                         |                                 | 500 20                  |  |
| Signature of D                           | issociating Member or Resig        | ning Manager                    | 218                     |  |
|  |                                    |                                 | 7                       |  |
| Filing Fee:                              | \$25.00 (Required)                 |                                 | 0 7                     |  |
| Certified Copy:                          | \$30.00 (Optional)                 |                                 | <b>F M</b>              |  |