121000443493

(Re	questor's Name)			
(Address)				
(Add	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				





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SECRETARY OF STATE
TALL ARASSEE E



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 Florida Department
of State is: PRC	PERTY SISTERS COAST TO COAST LLC
2. The Florida doc 1.21000443493	cument/registration number assigned to this limited liability company is:
3. The date this m	ember/manager withdrew/resigned or will withdraw/resign is:
4. I. <u>KAYRIN TAM</u> (Print	BLYN, hereby withdraw/resign as a
AMBR	
resignation in w	ability company and affirm the limited liability company has been notified of my riting. Sociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Ontional)



DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it		Plorida Department
2. The Florida docu 1.21000443493	ment/registration number assig	gned to this limited liability co	mpany is:
	mber/manager withdrew/resign	ed or will withdraw/resign is:	11/16/2021
	une of Person Resigning)	, hereby withdraw/resign as	a
of this limited liab	Print Title) oility company and affirm the liting. ssociating Member or Resignin		een notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		