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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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COVER LETTER

	Registration Section Division of Corporations					
SUBJE	TOP REALTY SERVICES LL CT:	(.				
		of Limited Liability Co.	mpany)		_	
The enc	losed member, resignation or di	ssociation and fee(s) are submitted for	· filing.		
Please re	eturn all correspondence concer	ning this matter to:				
Gretzys C	iarrido					
	(Contact Person)		_			
TOP REA	ALTY SERVICES LLC					
	(Firm/Company)		_			
18273 OI	iver Twist Way				2	
	(Address)		_	<u> </u>	022 J	
Winter Ga	arden. Florida. 34787				UL 20	9
	(City/State and Zip Code)	_	7. 58.	55 	: []	
For furth	ner information concerning this	matter, please call:		河	2022 JUL 26 PH 1: 33	era.
Gretzys C	iarrido	321 at (9006118		చ	
	(Name of Contact Person)		2 & Daytime Telepho	ne Number)	
	d please find a check made paya Filing Fee		Department of State g Fee & Certified C			
1	Mailing Address: Registration Section Division of Corporations		Street Address: Registration Secti- Division of Corpo			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314



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 as it REALTY SERVICES LLC	appears on the records of the Flo	rida De	partm	ent
2. The Florida doc		gned to this limited liability comp	oany is:		
MARIA S RAST	'ARDO	07 ned or will withdraw/resign is: , hereby withdraw/resign as a	/19/2022		_
MGR	ame of Person Resigning) (Print Title)	, hereby withdraw/resign as a	; ;	2022 JUL 2	<u>-</u> '7
of this limited lia resignation in wr	bility company and affirm the liting.	limited liability company has been	n notific	ed का ॥	i 1
Signature of Di	ssociating Member or Resignia	ng Manager		ω	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				