# 22000290485

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	
Certified Copies	Certificates of Status
Special Instructions to Filing Officer:	



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# **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: Close Realty 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:

Cara Close

(Contact Person)

Close Realty LLC

(Firm/Company)

334 Sunset Bay LN.

(Address)

### Palm Beach Gardens, FI 33418

(City/State and Zip Code)

For further information concerning this matter, please call:

Cara Closeat (561)972-1910(Name of Contact Person)(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee Certified Copy

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)

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2022 OCT 24 AH IO: 31 SECRETARY OF STATE

#### 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 on the records of the Florida Department

of State is: Close Realty LLC

2. The Florida document/registration number assigned to this limited liability company is:

## L22000290485

- 3. The date this member/manager withdrew/resigned or will withdraw/resign is: October 1,2022
- 4. 1. Dennis A. Close \_\_\_\_\_\_, hereby withdraw/resign as a \_\_\_\_\_\_\_, *(Print Name of Person Resigning)*

AR

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

T

nia. Chose

Signature of Dissociating Member or Resigning Manager

Filing Fee: Certified Copy: \$25.00 (Required) \$30.00 (Optional)