L23000081789

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DECRETARY DE STATE

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: 1st Class Realty Group Florida LLC	lier Company)
(Name of Limited Liab	uity Company)
The enclosed member, resignation or dissociation an	nd fee(s) are submitted for filing.
Please return all correspondence concerning this man	tter to:
CINDY LARA	
(Contact Person)	
1ST CLASS REALTY GROUP LLC	
(Firm/Company)	
311 KESWICK AVE	
(Address)	
DAVENPORT FLORIDA 33897	
(City/State and Zip Code)	
For further information concerning this matter, pleas	se call:
CINDY LARA 201 at (966-9525
	ea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Fl	orida Department of State for:
■ \$25 Filing Fee □ \$55	5 Filing 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. Monroe 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)

1. The name of the	limited liability compan	y as it appears on the rec	cords of the Flor	rida De	partment
of State is: 1st	Class Realty Group F	lorida LLC			·
	ment/registration numbe	er assigned to this limited	d liability comp	any is:	
L2300001789					. /
				0 i . I	mala
3. The date this me	mber/manager withdrew	resigned or will withdra	w/resign is:(24]	UGG
4.I. FMM	A DIVA ame of Person Resigning)	hereby withdr		11	/
	FURER Print Title)	·			
of this limited liah	oility company and affirm	n the limited liability cor	mpany has been	notifie	ed of may
resignation in wri		,	1 2		-
<	Bom				
Signature of Dis	ssociating Member or Re	signing Manager	TAL:	202	
			F 6.	= ■	
Filing Fee:	\$25.00 (Required)		HA A	2023 MAY 24	
Certified Copy:	\$30.00 (Optional)		SSE Yes	24	
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			FE S	2	
			DRIA REA	·. .	_