L23000108362

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Property Scholars Partnerships 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:
Destiny Woods
(Contact Person)
(Firm/Company)
6600 North Dixon Avenue
Tampa, Florida 33604 (City/State and Zip Code)
For further information concerning this matter, please call:
Design Wook at (813) 520-3948 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\subset\$ \$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

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)

•	Scholars Partnerships LLC.
L2300010	·
3. The date this member/manager	withdrew/resigned or will withdraw/resign is: 01/05/24
4. I, Destiny Woods (Print Name of Person Res	hereby withdraw/resign as a signing)
Managing Mem	ber.
of this limited liability company resignation in writing.	and affirm the limited liability company has been notified of my
Desting Ir	my
Signature of Dissociating Men	nber or Resigning Manager
Filing Fee: \$25.00 (Rec	quired)
Certified Copy: \$30.00 (Opt	tional)