## L23000/96/25

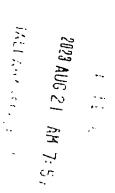
(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(/ (3)	1103)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



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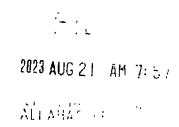


## COVER LETTER

Division of Corporations	;
SUBJECT: Strongvest Properties LLC.	
	Limited Liability Company)
The enclosed member, resignation or diss	sociation and fee(s) are submitted for filing.
Please return all correspondence concern	ing this matter to:
Daniel Dechiaro	
(Contact Person)	
Strongvest Properties LLC.	
(Firm/Company)	
7901 4th St. N STE 300	
(Address)	<del></del>
St Petersburg, Fl 33702	
(City/State and Zip Code)	
For further information concerning this m	natter, please call:
Daniel Dechiaro	at (_813)_459 -9766
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payab	·
□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
rananassee, 1 L 32317	Tallahassee, FL 32303

CR2E079 (2/14)





## 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)

	e limited liability company as it appears on the records of the Florida Department agreest Properties LLC.
2. The Florida doc L23000196125	eument/registration number assigned to this limited liability company is:
3. The date this med 4. I, Conor Larkin (Print)	
AMBR 	(Print Title)
of this limited lia resignation in w	ability company and affirm the limited liability company has been notified of my riting.
Commo	$\sim$
	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)