

L230000268384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

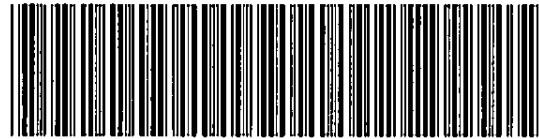
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700416972627

FILED

2023 OCT 17 AM 9:58

OFFICE OF THE
CLERK OF THE
TALLAHASSEE, FLORIDA

RECEIVED

2023 OCT 17 PM 3:01

CLERK OF THE COURT
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: -I20210000160 **\$25.00**

Authorization Signature: *[Signature]*
Foxton Realty Partners LLC L23000268384
Business Name Doc. #

☐ **Certified Copy**

☐ **Certificate of Status**

NEW FILINGS

☐ Profit Corp
☐ Not for Profit

☐ Limited Liability
☐ Domestication
☐ Other
☐ **CORP**
☐ **LLLP**

AMENDMENTS

☐ Amendment
☒ Resignation of R.A. or
Officer/Director
☐ Change of Registered Agent
☐ Revocation of Dissolution
☐ Merger
☐ Conversion
☐ Amended and restated Articles
☐ Statement of Authority

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

☐ APOSTILLE
Country

REGISTRATION/QUALIFICATIONS

☐ Foreign filing
☐ Limited Partnership
☐ Reinstatement

☐ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FOXTON REALTY PARTNERS 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:

DAVIDE ARCANGELI

(Contact Person)

FOXTON REALTY PARTNERS LLC

(Firm/Company)

151 SE 1st Street Apt 2703

(Address)

Miami, Florida 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

Davide Arcangeli

(Name of Contact Person)

at 786 8515727

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
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 company as it appears on the records of the Florida Department of State is: FOXTON REALTY PARTNERS LLC

2. The Florida document/registration number assigned to this limited liability company is:
L23000268384

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/16/2023

4. I, Davide ARCANGELI, hereby withdraw/resign as a
(Print Name of Person Resigning)

AMBR

(Print Title)

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

Signature of Dissociating Member or Resigning Manager

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

FILED
2023 OCT 17 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA