## 123000291340

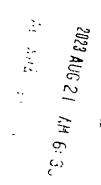
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600414200706

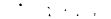
08/21/23--01032--010 \*\*25.00



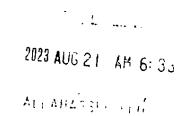


## **COVER LETTER**

_	stration Section sion of Corporations		
SUBJECT:	7052 Realty LLC		
502507.	(Name of	Limited Liability Co	ompany)
The enclosed	d member, resignation or diss	sociation and fee(	(s) are submitted for filing.
Please return	all correspondence concerni	ing this matter to	:
Peter Michael	Cioffi JR		
	(Contact Person)		
<del></del>	(Firm/Company)		_
1234 NW Sprt	ace Ridge Drive		
	(Address)		<del></del>
Stuart, FL 349	<del>61</del>		
	(City/State and Zip Code)		_
For further i	nformation concerning this m	iatter, please call	:
Peter Michael	Ciofti JR	77 <u>2</u> at (	260-7713
(N	lame of Contact Person)	(Area Cod	e & Daytime Telephone Number)
Enclosed ple	ease find a check made payab	le to the Florida	Department of State for:
■ \$25 Filing	g Fee	□ \$55 Filin	ng Fee & Certified Copy
	ng Address:		Street Address:
_	stration Section sion of Corporations		Registration Section Division of Corporations
P.O.	Box 6327		The Centre of Tallahassee
Talla	hassee, FL 32314		2415 N. Monroe Street, Suite 81 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)

•	The name of the limited liability company as it of State is:
ed to this limited liability company is:	. The Florida document/registration number assi 1,23000291340
or will withdraw/resign is:	. The date this member/manager withdrew/resign
, hereby withdraw/resign as a	. I, Elisa Cioffi (Print Name of Person Resigning)
	(Print Name of Person Resigning)
	AMBR
	(Print Title)
ited liability company has been notified of m	of this limited liability company and affirm the resignation in writing.
<del> </del>	Choa Cuth
Manager	Signature of Dissociating Member or Resigni
	iling Fee: \$25.00 (Required) ertified Copy: \$30.00 (Optional)
Manager ————————————————————————————————————	Signature of Dissociating Member or Resigning Fee:  \$25.00 (Required) ertified Copy:  \$30.00 (Optional)