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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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2021-001-28 (F) 9: 32

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Mac rem Proper (Name of Umited)	Ly Croup LLC Lyability Company)
The enclosed member, resignation or dissociatio	n and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
Tabiling Macon (Contact Person)	
Macrona Property Croup L	
6330 Green Rd (Address)	28 SEANGER TO
Lakeland, FL 33810 (City/State and Zip Code)	
For further information concerning this matter, p	lease call:
(Name of Contact Person)	(352) 497-2909 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	e Florida Department of State for: \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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)

1. The name of the l	imited liability company as it appears on the records	s of the Florida Department
of State is: M	xrema Property Group LLC	·
2. The Florida docum	ment/registration number assigned to this limited lia	bility company is:
L330002	72675	
3. The date this men	nber/manager withdrew/resigned or will withdraw/re	esign is: <u>10/22/20</u> 24
4. I. TabAha (Print Na	me of Person Resigning), hereby withdraw/r	esign as a
Member	Print Title)	
of this limited liab resignation in writ	ility company and affirm the limited liability compaing.	ny has been notified of my
Yabitha M	lana	28
Signature of Dis	sociating Member or Resigning Manager	17mm 17 1
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	9: 32 ·