L23000426181

(Re	equestor's Name)					
(Ac	idress)					
(Ac	idress)					
(Ci	ty/State/Zip/Phone	#)				
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nam	ne)				
(Document Number)						
Certified Copies	_ Certificates	of Status				
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TALLAHASSEE, FLORIDA

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COVER LETTER

-	istration Section			
Divi	ision of Corporations			
SUBJECT:	Fiv Realty Co Florida LLC			
		Limited Lia	bility Co	ompany)
The enclose	ed member, resignation or diss	ociation a	and fee(s) are submitted for filing.
Please retur	n all correspondence concerni	ng this m	atter to:	:
Krisitna Kend	lig			
	(Contact Person)			_
Fiv Realty Co).			
	(Firm/Company)			_
5329 Hamner	Ave, Suite 601			
	(Address)			_
Eastvale, CA	91752			
•	(City/State and Zip Code)			_
For further	information concerning this m	atter, ple	ase call:	:
Kristina Kend	lig	95 at (51	271-1437
(1)	Name of Contact Person)			e & Daytime Telephone Number)
Enclosed pl	ease find a check made payab	le to the l	- Florida I	Department of State for:
□ \$25 Filir	ng Fee	■ \$	55 Filin	g Fee & Certified Copy
	ing Address: istration Section			Street Address: Registration Section
_	ision of Corporations			Division of Corporations
	. Box 6327			The Centre of Tallahassee
	ahassee, FL 32314			2415 N. Monroe Street, Suite 810
				Tallahassee, FL 32303

CR2E079 (2/14)

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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)

	limited liability company as	it appears on the records o	f the Florida Department			
2. The Florida doc 1.23000426181	ument/registration number as	ssigned to this limited liabil	lity company is:			
3. The date this me	ember/manager withdrew/res	igned or will withdraw/resi	gn is: Nov 30th			
4. I, Jessica Lynn For (Print N	rester Vame of Person Resigning)	, hereby withdraw/resign as a				
Authorized Meml						
	(Print Title)					
of this limited lia resignation in wr	bility company and affirm thiting.	e limited liability company	has been notified of my			
DocuSigne						
Signature of 19	sseciating Member or Resig	ning Manager	7029 DEC -4 PLEAR PART TALLAHASSI			
	\$25.00 (Required) \$30.00 (Optional)		C-4 PH 4: 3:			