## L24000169096

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
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## **COVER LETTER**

TO: Registration Section			
Division of Corporations			
SUBJECT: Tampa Native Properties	Timbert to Editor V		
(Name of	Limited Liability (	Jompany)	
The enclosed member, resignation or diss	ociation and fee	e(s) are submitted	for filing.
Please return all correspondence concerni	ng this matter t	o:	
Tracy L Hamilton			
(Contact Person)			
(Firm/Company)	<u> </u>		
710 W. Kentucky Ave			
(Address)			
Tampa, FL 33603			2024 SE
(City/State and Zip Code)		<del></del>	VIT CREE
For further information concerning this m	atter, please cal	11:	2024 OCT -8 PH SECRETATIVE SE
Tracy L Hamilton	813 at (	765-0049	
(Name of Contact Person)	(Area Coo	de & Daytime Telep	phone Number)
Enclosed please find a check made payabl \$25 Filing Fee		Department of St.	ate for:
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Sed Division of Cor The Centre of T	porations Callahassee
Tallahassee, FL 32314		2415 N. Monro Tallahassee, FL	e Street, Suite 810 . 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)

	e limited liability company as	it appears on the records of the Florida Department			
2. The Florida doc L24000169096	ument/registration number as	ssigned to this limited liability company is:			
3. The date this me	ember/manager withdrew/res	igned or will withdraw/resign is:			
A Contraction De Life confidence		S 25			
(Print )	Name of Person Resigning)	, hereby withdraw/resign as a 2000			
Manager		NAT - 8			
	(Print Title)				
of this limited lia resignation in wr		e limited liability company has been notified of my			
MAX	KIMATY				
Signature of D	issociating Member or Resign	ning Manager			
Filing Fee:	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				