## L24000288460

(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:							





600433980926

07/31/24--01037--016 \*\*25.00

SECREDARY CONTROL

## **COVER LETTER**

;•	O: Registration Section Division of Corporations							
	UBJECT: Tidewark Property Group, 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:								
	Alexander Aylelotte (Contact Person)							
	Tidemark fromerty Group, LLC							
	309 SE Oscecla St, Suite 104  (Address)							
	Stuart FL 34994  (City/State and Zip Code)  Or further information concerning this matter, please call:	•						
	or further information concerning this matter, please call:							
Alexander Andelotte at (772) 263-1130 = 2 (Name of Contact Person) (Area Code & Daytime Telephone Number)								
	specifical please find a check made payable to the Florida Department of State for:  \$25 Filing Fee & Certified Copy							
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations							

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

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 limite				orida Department
of State is:	ewark frop	erty Grov	ip LLC	<u></u> .
2. The Florida document/	registration number a	ssigned to this lir	nited liability com	pany is:
L240002	88460	·		2021J
3. The date this member/r	nanager withdrew/res	igned or will wit	hdraw/resign is:	7-25-24
4. I. Misty Ay	de lotte Person Resigning)	, hereby wi	thdraw/resign as a	
Authorized V	leuber. ille)			9: 23
of this limited liability c resignation in writing.	ompany and affirm th	ne limited liability	y company has bee	n notified of my
Must Celeb Signature of Dissocial		ning Manager		
Filing Fee: \$25 Certified Copy: \$30		check # 34	163 included	