Note: Please print this page and use it as a cover sheet. Type the far audit number (shown below) on the top and bottom of all pages of the document.

(((H24000342274 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONROY, CONROY & DURANT, P.A.

Account Number: I20190000025 Phone : (239)649-5200 Fax Number : (239)649-8140

\*\*Enter the email address for this business entity to be used for future, annual report mailings. Enter only one email address please.\*

Email Address: <u>Ceo@aag.</u>	EITYLLE	HAY)				
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN S WNY-FOREST MANOR APTS.,LLC						
Certificate of Status	0	THE STATE OF THE S				
Certified Copy	0					
Page Count	03					
Estimated Charge	\$25.00					

Electronic Filing Menu Corporate Filing Menu

Help

Tallahassee, FL 32314

### COVER LETTER

	istration S ision of Co	ection rporations		
CUBEROT	WNY-For	est Manor Apts., LLC		
SUBJECT:		Name of Li	mited Liability Company	
The enclosed	Anicles of	Amendment and fee(s) are su	hmitted for filing.	
		andence concerning this matte	-	
		Michael Durant		
			Name of Person	·
		Conroy, Conroy & Duran	t, P.A.	
			Firm/Company	
		2210 Vanderbilt Boach Re	oad, Suite 1201	
			Address	*
		Napics, FL 34109		
			City/State and Zip Code	
		cco@aag.cmail	to be used for future annual report	
For further int	formation c	oncerning this matter, please o	·	nontreation;
Samantha Ma	cLcod		239 649-520	0
	Name of	f Person	Arca Code Da	ytime Telephone Number
Enclosed is a c	check for th	c following amount:		
■ \$25.00 Fil	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (#dditional copy is coclosed)
Regi	ng Address stration S	ection	Street Address Registration	Section
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassec		

2415 N. Monroe Street, Suite 810

Tallahassec, 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)

1. The name of th	e fimited liability company as	s it appears on the records of the Florida D	epartment	
of State is: WH	Y-Forest Manor Apts., LLC		<u>ග</u> 28	
2. The Florida doc	cument/registration number as	ssigned to this limited liability company is	2024 OCT 11 SICKETAR	117
3. The date this m	ember/manager withdrew/res	igned or will withdraw/resign is:	% ~	m
4. I, W.C. Grimsley,		, hereby withdraw/resign as a	1.51/ 1.25:	O
(Print)	Name of Person Resigning)	<del></del>	~~ ~	
Director of Force	the Go of WN)	eneral Partner of Forest Manor, Ltd, the Ma f-Forest Manor Apts.,LLC	inager	
	(Print Title)	, , , , , , , , , , , , , , , , , , ,		
of this limited list resignation in w		c limited liability company has been notifi	ied of my	
Signature of D	Junely, A. issociating Member or Resign	ning Manager		
	7	•		
Filing Fcc:	S25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			