M1100000000019

(Re	questor's Name)			
(Ad	dress)			
bA)	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				
		ļ		
J. HORNE				
JUN - 4 2022				

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COVER LETTER

TO: Regi	istration Section		
Divi	sion of Corporations		
SUBJECT:	Commercial Florida Management		
	(Name of I	Limited Liability Co	mpany)
The enclose	d member, resignation or diss	ociation and fee(s) are submitted for filing.
Please return	n all correspondence concerni	ng this matter to:	:
Bryan Sboray			
	(Contact Person)		_
	(Firm/Company)		_
161 Via Rosin	na		
	(Address)		_
Jupiter, FL 33	458		
•	(City/State and Zip Code)		_
For further i	information concerning this m	atter, please call	:
BRYAN SBC	DRAY	561 at (283-5225
(1)	Name of Contact Person)		e & Daytime Telephone Number)
Enclosed ple	ease find a check made payab	le to the Florida !	Department of State for:
□ \$25 Filin	ng Fee	🗏 \$55 Filin	g Fee & Certified Copy
Maili	ing Address:		Street Address:
	istration Section		Registration Section
	sion of Corporations		Division of Corporations
	Box 6327		The Centre of Tallahassee
Talla	ahassee. FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, 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 the	limited liability company as it	appears on the records of the Florida Department
of State is: Com	mercial Florida Management Services	LLC
2. The Florida doc M11000000019	rument/registration number assig	ned to this limited liability company is:
3. The date this me	ember/manager withdrew/resign	ed or will withdraw/resign is:
4. I. BRYAN SBOR	AY Name of Person Resigning)	, hereby withdraw/resign as a
(Print)	Name of Person Resigning)	
MEMBER		
	(Print Title)	
of this limited lia resignation in wa		imited liability company has been notified of my
Signature of D	issociating Member or Resignin	g Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	