1500081694

(Requestor's Na	me)	
(Address)		
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(City de Chata (Tim/D	hama #0	
(City/State/Zip/P	none #)	
PICK-UP WAIT	MAIL	
(Business Entity	Name)	
(Document Number)		
Certified Copies Certific	cates of Status	
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2019 ICR 26 P 1: 1

COVER LETTER

Registration Section

Tallahassee, Florida 32301

CR2E079 (2/14)

TO:

Division of Corporations Property Investment FL 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: ackson Philippe 73 5 Property Investment FL LLC Anburndale Fl. 338 For further information concerning this matter, please call: Jackson Philippe at (863) 618-6386

(Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: 🔌 \$25 Filing Fee \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 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)

			<u> </u>
1. The name of the	limited liability company as it ap	opears on the records of the Flo	rida Department
	3 J Property		
2. The Florida docu	ment/registration number assign	ed to this limited liability comp	pany is:
4150	00081694	_·	,
3. The date this men	mber/manager withdrew/resigned	d or will withdraw/resign is: <u>M</u>	AR. 20,2018
4.1, Austi		, hereby withdraw/resign as a	, , , , , ,
AMB	Print Title)		
of this limited liab	oility company and affirm the lim	nited liability company has been	notified of my
Susta	Then	_	
Signature of Dis	sociating Member or Resigning	Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		