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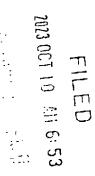
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COVER LETTER

Registration Section Division of Corporations Equinox Realty Holdings, LLC SUBJECT: (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: Earl Lawrence (Contact Person) (Firm/Company) 1322 Madison St (Address) Hollywood, FL 33019 (City/State and Zip Code) For further information concerning this matter, please call: Earl Lawrence (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 Mailing Address: Street Address: Registration Section Registration Section Division of Corporations P.O. Box 6327 Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32314

TO:



FILED 2023 OCT 19 AM 6: 53

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 of State is:	ne limited liability company as it appears on the records of the Florida Department sinox Realty Holdings. Inc
	cument/registration number assigned to this limited liability company is:
4. I. Earl Lawrence (Print)	hember/manager withdrew/resigned or will withdraw/resign is:
Manager	(Print Title)
of this limited lia resignation in w	ability company and affirm the limited liability company has been notified of my riting.
1.10	
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)