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COVER LETTER

Division of Corporations	
SUBJECT:	ce of Sanibel, L ciability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
Blaine Dry (Contact Person)	<u> </u>
(Firm/Company)	
7260 Swan	Lake Drive
FT Myels Flag (City/State and Zip Code)	Late Drive 33919
For further information concerning this matter, pl	
Name of Contact Person) at (239) 564 0670 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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
1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	Tips Place of Sanibeti, all
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L100	0000 737 49
3. The date this mer	nber/manager withdrew/resigned or will withdraw/resign is: $\frac{3/25/20}{100}$
4.1. 3/a)	hereby withdraw/resign as a me of Person Resigning).
	Print Tide)
of this limited liab resignation in writ	oility company and affirm the limited liability company has been notified of my ting.
	D W
Signature of Dis	ssociating Member or Kesigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)