L13000/18753

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SECKE TARY OF STATE OF CORPORATION

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COVER LETTER

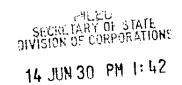
TO:

CR2E079 (2/14)

Registration Section

Division of Corporations Wood Street 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: Torii K. Goar (Contact Person) (Firm/Company) 5602 Marquesas Circle, Suite 207 (Address) Sarasota, FL 34233 (City/State and Zip Code) For further information concerning this matter, please call: Torii Goar (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 Tallahassee, Florida 32301





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)

	ne limited liability company as	it appears on the records of the Florida Department
2. The Florida do		signed to this limited liability company is:
3. The date this n	nember/manager withdrew/resi	gned or will withdraw/resign is:
(Print	Name of Person Resigning)	, hereby withdraw/resign as a
Managing M		
*****	(Print Title)	
resignation in v	vriting.	e limited liability company has been notified of my
Signature of J	Dissociating Member or Resign	ning Manager
Filing Fee:	\$25.00 (Required)	
Certified Conv.	\$30.00 (Ontional)	