

120 000 274838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

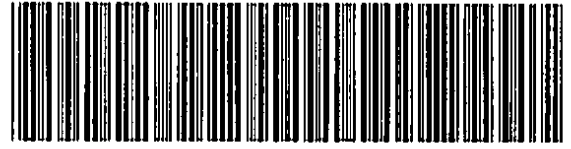
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 DEC -6 AM 9:46

SECRETARY OF STATE  
TALLAHASSEE, FL

DEC 22 2021

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Waypoint Homes of Florida, 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:

Taylor Hosegood  
(Contact Person)

Waypoint Homes of Florida  
(Firm/Company)

632 E Main St #200  
(Address)

Lakeeland, FL 33801  
(City/State and Zip Code)

For further information concerning this matter, please call:

Taylor Hosegood at ( 863 ) 608-0161  
(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:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED



2021 DEC -6 AM 9:46

SECRETARY OF STATE  
TALLAHASSEE, FL

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: Waypoint Homes of Florida, LLC

2. The Florida document/registration number assigned to this limited liability company is:

85-2843586/L20000274838  
FEI/EIN                      Document Number

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11.12.21

4. I, Kevin Adkins, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MGR  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee:                      \$25.00 (Required)  
Certified Copy:                \$30.00 (Optional)