15000211213

(Re	questor's Name)	
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration Section Division of Corporations		
Patrick's Place 3, LLC		
	ited Liability Company)	
The enclosed member, resignation or dissoci	iation and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to:	
L. Wesley Nichols, Esq.		
(Contact Person)	1	
L. Wesley Nichols, P.A.	[
(Firm/Company)		
11380 Prosperity Farms Road, Suite 20	4	
(Address)		
Palm Beach Gardens, FL., 33410		
(City/State and Zip Code)		
For further information concerning this matt	er, please call:	
Lynne Hagibes	561 691-2020	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: \$\Bigsir \\$25 \text{Filing Fee} \text{ Certified Copy}		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

CR2E079 (2/14)



DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the li	mited liability company as	s it appears on the records of the Florida Department
of State is:	k's Place 3, LLC	
2. The Florida docum	nent/registration number as	ssigned to this limited liability companying
L15000211213		7 AUG
3. The date this mem	ber/manager withdrew/res	igned or will withdraw/resign is: 07/04/2017
4. I. Deborah J. Co		hereby withdraw/resign as a Se
	ne of Person Resigning)	, hereby withdraw/resign as a Signary
Member		25
\mathcal{C}^{\prime}	rint Tule)	
of this limited liabi		ne limited liability company has been notified of my
_ &khil	Col	
Signature of Diss	sociating Member or Resig	ning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	