

10000000 2785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

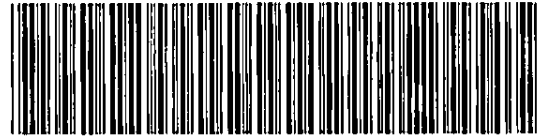
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100314044281

06/04/18--01024--024 \*\*50.00

2018 JUN -4 AM 11:11  
TALLAHASSEE, FLORIDA

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Epoch Development, 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:

Joanna Meyer

(Contact Person)

Epoch Development, LLC

(Firm/Company)

4951 Calypso Cay Way

(Address)

Kissimmee, FL 34746

(City/State and Zip Code)

For further information concerning this matter, please call:

Joanna Meyer

at ( 407 ) 997-1668

(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:

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



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: Epoch Development, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L00000002785

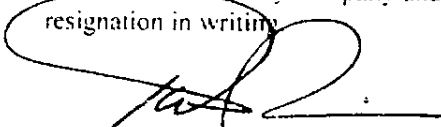
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/01/2018

4. I, Kyle D. Riva, Trustee, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Member

*(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)

2018 JUN -4 AM 11:18  
FILED  
TALLAHASSEE, FLORIDA  
CLERK OF THE COURT