## L0000006414

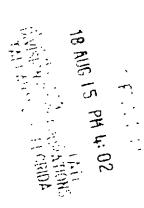
(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
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Certified Copies Certificates of Status	(Business Entity Name)
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	(Document Number)
Special Instructions to Filing Officer:	Certified Copies Certificates of Status
Special Instructions to Filing Officer:	
	Special Instructions to Filing Officer:

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations					
Jubilee Plantation, LLC SUBJECT:					
(Name of Limited Liability Company)					
The enclosed member, resignation or dissociation	on and fee(s) are submitted for filing.				
Please return all correspondence concerning this	s matter to:				
Daniel W. Hartman					
(Contact Person)	<del></del>				
Hartman Law Firm, P.A.					
(Firm/Company)					
207 W. Park Ave., Suite A					
(Address)					
Tallahassee, FL 32301					
(City/State and Zip Code)					
For further information concerning this matter,	please call:				
Daniel W. Hartman	850 386-4242				
(Name of Contact Person)	(Area Code & Daytime Telephone Number)				
Enclosed please find a check made payable to the \$25 Filing Fee	ne Florida Department of State for: I \$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				

CR2E079 (2/14)



## 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)

	limited liability company a	s it appears on the records of	the Florida Department
2. The Florida docu	ıment/registration number a	assigned to this limited liabili	ty company is:
L0000000641	4		
3. The date this me	mber/manager withdrew/re	できた。 signed or will withdraw/resig	gn is:
Edward G. C	hiles	hereby withdraw/resig	gn as a
(Print N	ame of Person Resigning)	, hereby withdraw/resig	511 4.5 4
Manager			
	(Print Title)		
of this limited lia resignation in wr		he limited liability company l	has been notified of my
Signature of Di	ssociating Member or Resig	gning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		29.9 AUG