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

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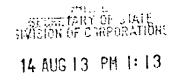
C. 15:4953 AUG 21 2014

COVER LETTER

_	sistration Section			
Div	ision of Corporations			
SUBJECT	SRC Investments of Bonita Springs LLC			
	(Name of Lim	ited Liability Co	ompany)	
The enclose	ed member, resignation or dissoci	ation and fee((s) are submitted for filing.	
Please retui	rn all correspondence concerning	this matter to:	:	
Mark W C	ecil			
··-	(Contact Person)			
SRC Inves	stments			
	(Firm/Company)		_	
28200 Old	41 Road, Suite 209			
	(Address)			
Bonita Spi	rings, FL 34135			
	(City/State and Zip Code)		_	
For further	information concerning this matte	er, please call:	:	
Mark Ceci	I	239 at (580-8810	
(1	Name of Contact Person)	_ \	e & Daytime Telephone Number)	
Enclosed pl	lease find a check made payable to		Department of State for: g Fee & Certified Copy	
Registration Division of Clifton Bui 2661 Execu	Corporations		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)

	nvestments of Bonita S	s it appears on the records of the Florida Department Springs LLC
2. The Florida docum	nent/registration number	assigned to this limited liability company is:
Jennifer M Drid		esigned or will withdraw/resign is: August 1, 2014
4. I,	ne of Person Resigning)	, hereby withdraw/resign as a
·	rint Title)	d. V. d. Hiskille, assume has been notified of my
resignation in writi		the limited liability company has been notified of my grant igning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	