## L03000029444

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900262460009

07/24/14--01029--010 \*\*745.00

TA JUL 24 PKII: 06

C.M. 14

## COVER LETTER

Division of Corporations	
SUBJECT: larkwoods Hold. (Name of Limited Liability)	Company)
The enclosed member, resignation or dissociation and for	ee(s) are submitted for filing.
Please return all correspondence concerning this matter	to:
Robert Matt (Contact Person)	<del></del>
Parkwoods Holdings LL	× SEE ALL ALL ALL ALL ALL ALL ALL ALL ALL A
186 Randall Road	L 24 PI
HAT Splings, AR 719 (City/State and Zip Code)	343 BANGE
For further information concerning this matter, please c	all:
(Name of Contact Person) at (50)	1 525-0025 Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida \$25 Filing Fee \$55 Fi	da Department of State for: iling Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

2661 Executive Center Circle

Tallahassee, Florida 32301

CR2E079 (2/14)

15 80-

Tallahassee, Florida 32314



## FLORIDA DEPARTMENT OF STATE **DIVISION OF CORPORATIONS**



## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY (Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appears on the records of the Florida Department
of State is:	arkwoods Holdings, LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
L 03000	829444
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: $\frac{4/38/121}{2}$
4. I, Davi D	Aame of Person Resigning), hereby withdraw/resign as a
_Mg/	(Print Title)
of this limited lia	bility company and affirm the limited liability company has been notified of my iting.
Au	ind & Mart
	issociating Member or Resigning Manager
_	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)