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(Requestor's Name)	_
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Chase Development, LLC		
(Name of Limite	ed Liability Co	mpany)
The enclosed member, resignation or dissociat	ion and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to:	
J. Thomas Conroy, III		
(Contact Person)		_
Conroy, Conroy & Durant, P.A.		
(Firm/Company)		_
2210 Vanderbilt Beach Road, Suite 1201		_
(Address)		
Naples, FL 34109		
(City/State and Zip Code)		_
For further information concerning this matter	, please call	
J. Thomas Conroy, III	239	649-5200
(Name of Contact Person)	(Area Cod	e & Daytime Telephone Number)
Enclosed please find a check made payable to ☐ \$25 Filing Fee		Department of State for: g Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section Division of Corporations		Registration Section Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301		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)

	imited liability company as it appears on the records of the Florida Depart e Development, LLC	ment
	ment/registration number assigned to this limited liability company is:	
	nber/manager withdrew/resigned or will withdraw/resign is:	
	, hereby withdraw/resign as a me of Person Resigning)	
Manager	Print Title)	
of this limited lia resignation in wr	ility company and affirm the limited liability company has been notified of ing.	f my
Signature of D	Sociating Member or Resigning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	