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(Re	questor's Name)	
		·
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
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SECRETARY OF SKYTONS
DIVISION OF CORPORATIONS
A7 APR -6 PM 12: 18

COVER LETTER

Registration Section
Division of Corporations

TO:

CR2E079 (5/06)

SUBJECT: Winter Garden Land Company (Name of Limited Liability Company)	<u>,</u>				
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to:					
Simon Fairbrother (Contact Person)					
Winter Garden Land Company LIC (Firm/Company)					
Po Box 1992 (Address) Po Box 1992	선 580.45 -				
Windermere FC 34786 City/State and Zip Code) For further information concerning this matter, please call:					
For further information concerning this matter, please call:					
Simon at (407) 905 6963 (Area Code & Daytime Telephone Number)					
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee Certified Copy					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as it appears on the records of Winter Garden Land C.		
	lity company was organized under the laws of:		
	ment/registration number of this limited liability compared to the compared to	ny is:	
4. I, Faith (Print N	Tarbrother, hereby resign as a	MGR (Print Title)	_
of this limited liab resignation in wri	bility company and affirm the limited liability company he ting.	nas been notified of	my
Signature of Resi	gning Member, Managing Member or Manager	:	DIVISION O7 APR
	\$25.00 (Required) \$30.00 (Optional)		FILED WITARY OF STA W OF CORPORATE