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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : J.KEVIN DRAKE,P.A.
Account Number : 120020000002
Phone : (941)954-7750
Fax Number : (941)951-1509

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Kdriggers1@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PINEBROOK PARK, LLC

Certificate of Status	0
Certified Copy	1
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PINEBROOK PARK, LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

J. KEVIN DRAKE, ESQ.

(Contact Person)

J. KEVIN DRAKE, P.A.

(Firm/Company)

1432 FIRST STREET

(Address)

SARASOTA, FL 34236

(City/State and Zip Code)

For further information concerning this matter, please call:

J. KEVIN DRAKE

941 954-7750

at ()

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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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)

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: PINEBROOK PARK, LLC

The Florida document/registration number assigned to this limited liability company is:
L04000032346

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/25/2021

4. I, Bill J. Morse, Trustee of the Bill J. Morse Trust, hereby wit^{hd} /
raw resign as a
(Print Name of Person Resigning)
MEMBER
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.

Bill J. Morse
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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