## L04000086362

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(Cit	ty/State/Zip/Phone	e #)
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**EXAMINER** 

## **COVER LETTER**

Registration Section

TO:

CR2E079 (5/06)

Division of Corporations	
SUBJECT: De Soto Ranches, LLC	
(Name of Limited Liability Co	ompany)
The enclosed member, managing member or manager resifiling.	
Please return all correspondence concerning this matter to	OS JAN-7 AT STA
Melissa Barlaug	
(Contact Person)	
	Frig. 7
William J. Nielander, P.A.	TO
(Firm/Company)	
172 E. Interlake Blvd	
(Address)	
Lake Placid, FL 33852	
(City/State and Zip Code)	_
For further information concerning this matter, please call	!:
Melissa Barlaug at ( 863	465-8181
(Name of Contact Person) (Area Cod	le & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida  \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it ap	ppears on the records of the Florida Department
of State is: De Soto Ranches, LLC	<u> </u>
2. This limited liability company was organized und Florida	ler the laws of:
3. The Florida document/registration number of this L0400080362	limited liability company is:
4. I, Nicholas Tacquard	, hereby resign as a Manager
(Print Name of Person Resigning)	(Print Title)
of this limited liability company and affirm the lin resignation in writing.	nited liability company has been notified of my
Signature of Resigning Member, Managing Memb	per or Manager

Filing Fee:

Certified Copy:

\$25.00 (Required) \$30.00 (Optional)