L05000039984

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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MAY 12 2017 S. YOUNG SECRETARY OF STATE FALL AHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	REFLECTIONS COMMUNI	TY DEVELOP	PERS LLC	
SCHOLET.	(Name of Lin	nited Liability Con	npany)	
The enclosed	d member, resignation or dissoc	iation and fee(s) are submitted for filing.	
Please return	n all correspondence concerning	this matter to:		
FABIOLA S	SANTIAGO			
	(Contact Person)		-	
PRINCE C	PA GROUP			
	(Firm/Company)		-	
9161 NAR	COOSSEE RD. SUITE 202			
	(Address)		-	-1: En
ORLANDO), FL 32827			ECRETARY LLAINASSE
	(City/State and Zip Code)		-	Y I
For further in	nformation concerning this matt	er, please call:		R FIGH
FABIOLA S	SANTIAGO	407 at (823-8230	DRIE: 0816;
(N	lame of Contact Person)	(Area Code	& Daytime Telephone Number)	. (1)
Enclosed ple	ease find a check made payable agree		epartment of State for: Fee & Certified Copy	

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (2/14)

MAILING ADDRESS:

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



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)

The Florida document/registration number L05000039986	er assigned to this limited liability company is:	
ERANK PRINCE	/resigned or will withdraw/resign is: 4/6/2017	7
(Print Name of Person Resigning) MGR	, hereby withdraw/resign as a	HAY II
(Print Title) of this limited liability company and affirm resignation in writing.	 the limited liability company has been notified 	lof my ω

Filing Fee:

Certified Copy:

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