L05000040617

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Only State Elph Hollo II)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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AUG 1 , EUZI

COVER LETTER

•	stration Section sion of Corporations					
SUBJECT:	Lake Iola, Land, LLC					
	(Name of L	(Name of Limited Liability Company)				
The enclosed	d member, resignation or disso	ociation and fee((s) are submitted for filing.			
Please return	all correspondence concernir	ng this matter to	;			
Rod B. Neuma	ın					
	(Contact Person)					
Gibbons Neum	nan					
•	(Firm/Company)	_	_			
3321 Henderso	on Blvd					
	(Address)		_			
Tampa, FL 33	602					
· _	(City/State and Zip Code)		_			
For further in	nformation concerning this ma	ntter, please call	:			
Rudy Fernande	ez	813 at (810-3376)			
(N	ame of Contact Person)	(Area Code	e & Daytime Telephone Number)			
Enclosed ples ■ \$25 Filing	ase find a check made payable g Fee		Department of State for: g Fee & Certified Copy			
Regis Divis P.O. I	ag Address: stration Section ion of Corporations Box 6327 hassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			



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 record	ds of the Florida Department		
of State is: Lake	Iola Land, LLC				
2. The Florida doc L05000040617	ument/registration number as	signed to this limited lia	ability company is:		
3. The date this me	ember/manager withdrew/resi	gned or will withdraw/i	7-10-21 resign is:		
Pod D. Mauman			_, hereby withdraw/resign as a		
member					
	(Print Title)				
of this limited lia resignation in wr	bility company and affirm the iting.	e limited liability compa	any has been notified of my		
Shill	Man				
Signature of Di	ssociating Member or Resign	ing Manager	FH 2: 48		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		는 B 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		