205000054912

(Requestor's Name)
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FEB 1 0 2015 T. CARTER

COVER LETTER

_	istration Section sion of Corporations			
SUBJECT:	Compass Homes of Northwest Florida, LLC			
	(Name of Limited Liability Company)			
The enclose	ed member, resignation or disso	ociation and fee(s) are submitted for filing.	
Please retur	n all correspondence concernir	ng this matter to:		
Charlie Sr	nith			
	(Contact Person)		_	
	(Firm/Company)		_	
6563 Fede	• •			
	(Address)			
Navarre, F	Florida 32566			
	(City/State and Zip Code)		-	
For further	information concerning this ma	atter, please call:		
Charlie Sr	nith	850	572-5405	
(1	Name of Contact Person)		& Daytime Telephone Number)	
Enclosed pl	ease find a check made payabling Fee		Department of State for: g Fee & Certified Copy	
Registration Division of	Corporations		MAILING ADDRESS: Registration Section Division of Corporations	
B			P.O. Box 6327 Tallahassee, Florida 32314	

CR2E079 (2/14)



FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

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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)

	limited liability company as it appears on the records of the Florida Department MPASS HOMES OF NORTHWEST FLORIDA, LLC
2. The Florida doct L0500005491	ument/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4. I, Charles M. S	
MGRM	
of this limited lia resignation in wr	4. 5.40
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)