L05000056814

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

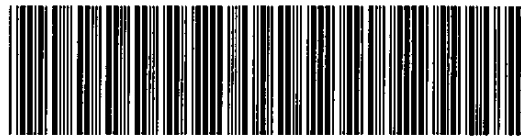☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____ Colinas Ranch, LLC _____
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

_____ Mark A. Maciel _____
(Name of Person)

_____
(Firm/Company)

_____ 12525 Westfield Lake Circle _____
(Address)

_____ Winter Garden, FL 34787 _____
(City/State and Zip Code)

For further information concerning this matter, please call:

_____ Erica Walker _____ at (407) 427-0398 _____
(Name of Person)   (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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

Enclosed is a check for the following amount:

☒ $25 Filing Fee   ☐ $55 Filing Fee &
                                      Certified Copy

CR2E079 (8/05)

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, __Mark A. Maciel__, hereby resign as __Manging Member__
(Title)

of __Colinas Ranch, LLC__ ,
(Limited Liability Company)

a limited liability company organized under the laws of the State of __Florida__ ,

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

_____
(Signature of resigning manager, managing member or member)

FILING FEE IS $25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

CR2E079 (8/05)