LISULO SUSTO

(Re	equestor's Name)			
(Ac	ddress)			
(Ac	ddress)	<u>.</u>		
(Ci	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(B	usiness Entity Nam	e)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to	Filing Officer:			

Office Use Only



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D. BRUCE NOV 2 2 2016

COVER LETTER

Registration Section Division of Corporations

TO:

Westwood Community Day	rolonoro I I C			
SUBJECT: Name o	elopers LLC	Company		
Name of 10500008087	n Ellinted Elability	Company		
DOCUMENT NUMBER: L0500008087				
The enclosed Resignation of Registered Agfor filing.	gent for a Limited	Liability Company and	d fee are submitted	
Please return all correspondence concerning	g this matter to th	ne following:		
Anne Herstol				
Name of Person		•		
Prince CPA Group				
Name of Firm/Company		•		
9161 Narcoossee Road Ste 202				
Address		•		
Orlando, FL 32827				
City/State and Zip Code		•		
aherstol@princecpagroup.com			T	
E-mail address: (to be used for future annual	report notification)	•	SECRI	
For further information concerning this ma	itter, please call:		- The S	
Anne Herstol Name of Person	407	823-8230	SSE 2	
Name of Person	Area Code	Daytime Telephone Nu	imber 0	
Enclosed is a check made payable to the Fl liability company or \$25.00 for an adminis liability company.	lorida Department stratively dissolve	t of State for \$85.00 for d, voluntarily dissolved	r an active dimited I or withdrawn limite	
MAILING ADDRESS:		ET ADDRESS:		
Registration Section	_	ation Section		
Division of Corporations	Division of Corporations Clifton Building			
P.O. Box 6327		Building xecutive Center Circle		
Tallahassee, FL 32314		ssee, FL 32301		

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 605.011	5, Florida Statutes, the un	idersigned,		
Keith Buescher			, hereby resigns as		
	Name of Registered Age		_, , ,		
Registered Agent for We	estwood Commu	unity Developers LLC	·		
	Name of Lin	nited Liability Company		,	
L05000080870					
Document Nun	nber, if known				
A copy of this resignation	n was mailed to the	above listed limited liabili	ity company at its last	known address.	
The agency is terminated	and the office disco	ontinued on the 31st day a	fter the date on which	this statement is	filed.
	Keik B	Signature of Resigning Agen	nt		
If signing on behalf of an	entity:				
	Keth	Bulsher Typed or Printed Name Capacity		2016 NOV 21 SECRETARY TALLAHASSE	-11
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively disso withdrawn limited lial	company lved/voluntarily diss bility company	ELL COSH OF SEVEN	

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