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| (Re | questor's Name) | |
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| (Ad | dress) | |
| (Cit | y/State/Zip/Phon | e #) |
| | ☐ WAIT | |
| (Bu | siness Entity Nar | me) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|---|--|--|--|
| SUBJECT: Lake Ariffi Town Home UC (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: | | | |
| Name of Person) | | | |
| (Firm/Company) | | | |
| P.O. Box Molova (Address) | | | |
| Winter Garden Fr 34777 (City/State and Zip Code) | | | |
| For further information concerning this matter, please call: | | | |
| (Name of Person) at (Hon) 421-0398 (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 \$\ \text{Certified Copy} \\ \text{CR2E079 (8/05)} | | | |



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

| I, Sha R. Kirby , hereby resign as Man | (Title) |
|---|---------------------------------------|
| of Lake British Town Homes, LLC (Limited Liability Company) | · · · · · · · · · · · · · · · · · · · |
| a limited liability company organized under the laws of the State of | Ic. |
| and affirm that the limited liability company has been notified in writing of the | resignation. |
| Jose Kil | 06 0C SECRI |
| (Signature of resigning manager, managing member or memb | ASSI ASSI |
| | AM 10: 42 Or SIATE EF, FLORRI |

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