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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	na)
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Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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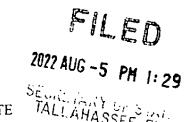
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COVER LETTER

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Divisio	лгог согрогано	115		
SUBJECT:	Fairway	MANAGEMENT	of BRY VAN D	LLC
	7	(Name of Limited L	iability Company)	
The enclosed	member, resigna	ition or dissociation	and fee(s) are submitt	ted for filing.
Please return a	ill corresponden	ce concerning this r	natter to:	
	JAMES	KENNE Y		
	(Contact P	Person)		
				·· · ·
	(Firm/Con	npany)		
2051	Banmble	NUON CIPCI	le së	
	(Addres	s)		
Pa	In BAY	FL 329	909	
	(City/State and	d Zip Code)		
For further inf	ormation concer	ming this matter, pl	ease call:	
	Innes	KENNEY at (721) 298 Area Code & Daytime T	3379
(Nai	me of Contact Per	rson) (Area Code & Daytime T	elephone Number)
Enclosed please \$25 Filing			Florida Department o \$55 Filing Fee & Cert	
	Address:		Street Addres	
_	ration Section	na	Registration	
	on of Corporatio ox 6327	118		Corporations of Tallahassee
	assee, FL 32314			onroe Street, Suite 810





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 records of the Florida Department
of State is:	FGIRVAY MONAGement OF BREVARD LLC
2. The Florida docu	ument/registration number assigned to this limited liability company is:
L05000	121643
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 06/01/2022
4.1, Thom.	AS B. Dillow, hereby withdraw/resign as a
(Print N	ame of Person Resigning)
mem t	(Print Title)
of this limited lial resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
All	en B. Dette
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)