106000079012

(Re	questor's Name)			
(Address)				
`	,			
(Ad	dress)			
• (Cit	y/State/Zip/Phone	e #)		
- PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				





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TILID SECRETARY OF STATE

> D. BRUCE JAN 05 2017

COVER LETTER

Division of Corporations	
SUBJECT: Navara Park LLC	
(Name of Limited Liabili	ty Company)
The enclosed member, resignation or dissociation and	fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to:
Ronald Avery	
(Contact Person)	
(Firm/Company)	
2807 N 10th Street	
(Address)	
St. Augustine, FL 32084	
(City/State and Zip Code)	
For further information concerning this matter, please	call:
Joy Avery 904	814-7457
(Name of Contact Person) (Area	Code & Daytime Telephone Number):
Enclosed please find a check made payable to the Florense \$25 Filing Fee \$55 P	rida Department of State for:
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

CR2E079 (2/14)



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 a rara Park LLC	s it appears on the records of the Flo	rida Department
2. The Florida doc	ument/registration number a	assigned to this limited liability comp	oany is:
L0600007901	2		2-31-15 HCS
3. The date this me	ember/manager withdrew/re	signed or will withdraw/resign is:	
Howard C Se	erkin	, hereby withdraw/resign as a	
, 	Name of Person Resigning)	, notee) withdrawnesign as a	
Member			
	(Print Title)		
of this limited lia resignation in wr		he limited liability company has been	SECRETAN -
Signature of D	issociating Member or Resignation	gning Manager	SEE P D
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		T: 14 ORIDA