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COVER LETTER

10:	Division of Corporations	, · · ·	-
SUBJE	ECT: Horizon Realf (Name of Lim	y <u>LLC</u> yed Liability Com	pany)
The en	closed member, resignation or dissoci	ation and fee(s)	are submitted for filing.
Please	return all correspondence concerning	this matter to:	
Lai	ura Mears (Contact Person)		
Hor	rizon Realty LLC (Firm/Company)		
47	61 Connor Drive		
Cre	estview FL 32539 (City/State and Zip Code)		
For fur	ther information concerning this matt	er, please call:	
La	(Name of Contact Person)	at (<u>850</u> (Area Code) <u>598-4142</u> & Daytime Telephone Number)
	ed please find a check made payable t Filing Fee		epartment of State for: Fee & Certified Copy
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314



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 Orizon Realty		ds of the Florida Department
2. The Florida docu	ument/registration number a	ssigned to this limited I	iability company is:
3. The date this me		signed or will withdraw	/resign is: <u>2-15-20</u> 23
	ame of Person Resigning)	hereby withdraw	/resign as a
	Print Title)	he limited liability com	pany has been notified of my
resignation in wr			
Signature of Di	ssociating Member or Resig	gning Manager	B 23 PP
	\$25.00 (Required) \$30.00 (Optional)		PH 4: 29 STATE STEE.FL