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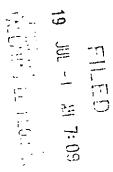
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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JUL 13 2019 S. YOUNG

COVER LETTER

Registration Section Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

CR2E079 (2/14)

TO:

SUBJECT: Is land Wy livers + Pools (Name of Limited Liability Company)					
(Name of Limited Liability Company)					
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to:					
Justa Hilalgo (Contact Person)					
Stronghold Management (Firm/Company)					
90/ Tuskawilly 5+ (Address)					
Clearuster, FL, 33756 (City/State and Zip Code)					
For further information concerning this matter, please call:					
Tister Hidelgo at (727) 599-1108 (Name of Contact Person) (Area Code & Daytime Telephone Number)					
(Name of Contact Person) (Area Code & Daytime Telephone Number)					
Enclosed please find a check made payable to the Florida Department of State for: \$\sum_\$\$ \$25 \text{ Filing Fee & Certified Copy}\$\$					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327					

Tallahassee, Florida 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, Flórida Statutes)

	<u>~</u>	<i></i>	s of the Florida Department
of State is:	Island Way	Paver + Pauls	
2. The Florida doc	ument/registration number	assigned to this limited lia	bility company is:
	10038720		. / /.
3. The date this mo	mber/manager withdrew/re	esigned or will withdraw/r	esign is: 6/28/19
4.1. Just	in Hida Go Jame of Person Revigning)	, hereby withdraw/i	resign as a
A	Mensber . (Print Title)		
of this limited lia	bility company and affirm t	he limited liability compa	ny has been notified of my
resignation in wr	iting.		5. 70
Signature of D	issociating Member or Resi	gning Manager	- M 7:09
Filing Fee:	\$25.00 (Required)		6 =
Certified Conv.	\$30.00 (Optional)		