## L07000039370

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

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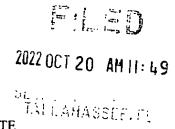
2022 OCT 20 AM 11: 49

## **COVER LETTER**

TO: Re	egistration Section	
Di	ivision of Corporations	
SUBJEC	Tudor Villas Construction LLC	
	(Name of L	imited Liability Company)
The enclo	sed member, resignation or disso	ociation and fee(s) are submitted for filing.
Please ret	urn all correspondence concernit	ng this matter to:
Marie Man	sson	
_	(Contact Person)	
Tudor Villa	as Construction LLC	
	(Firm/Company)	· · · · · · · · · · · · · · · · · · ·
3613 Del P	rado Blvd	
	(Address)	
Cape Coral	FL 33904	
	(City/State and Zip Code)	
For further	er information concerning this ma	atter, please call:
Laura Ray		239 265-4247 at ( )
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
-Enclosed	please-find a check made payabl	e to the Florida Department of State for:
_ <b>□3(\$2</b> 5 Fi		■ \$55 Filing Fee & Certified Copy
+		
	ailing Address:	Street Address:
	egistration Section	Registration Section Division of Corporations
	ivision of Corporations O. Box 6327	The Centre of Tallahassee
	allahassee, FL 32314	2415 N. Monroe Street, Suite 810
14	21141140000, 1 D 32317	Tallahassee, FL 32303

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)

• •	appears on the records of the Florida Department	
	igned to this limited liability company is:	
is member/manager withdrew/resig	ned or will withdraw/resign is:	
ANSSON	, hereby withdraw/resign as a	
G MEMBER		
(Print Title)		
ed liability company and affirm the in writing.	limited liability company has been notified of my	
7.7	Oct 13, 2022	
of Dissociating Member or Resign	ng Manager	
\$25.00 (Required) y: \$30.00 (Optional)		
	document/registration number ass:  70  s member/manager withdrew/resignansson  rint Name of Person Resigning)  G MEMBER  (Print Title)  d liability company and affirm the n writing.	