## 10700067475

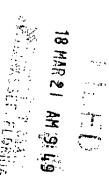
(Re	equestor's Name)				
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



900310430539

03/21/18--01011--015 \*\*55.00



Y SULKER MAR 2 2 2018

## COVER LETTER .

	gistration Section vision of Corporations		
SUBJEC <sup>*</sup>	Γ: AM Golf Associates, LLC		
	(Name of Lim	ited Liability Cor	npany)
The enclo	sed member, resignation or dissoci	ation and fee(s	s) are submitted for filing.
Please ret	urn all correspondence concerning	this matter to:	
Michael	Bennett		
	(Contact Person)		<del>-</del>
AM Golf	Associates, LLC		
	(Firm/Company)		
P.O. Box	922		
	(Address)		
Jordan, I	NY 13080		
	(City/State and Zip Code)		
For furthe	r information concerning this matt	er, please call:	
Michael	Bennett	315	278-6200
	(Name of Contact Person)		& Daytime Telephone Number)
Enclosed □ \$25 Fil	please find a check made payable t ing Fee		Department of State for: 3 Fee & Certified Copy
Registrati	/COURIER ADDRESS: on Section		MAILING ADDRESS: Registration Section
Clifton Bu	of Corporations uilding cutive Center Circle		Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	ee, Florida 32301	1	1 ananassee, 1 milua 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)

1. The name of the	limited liability company a	s it appears on the records of the Flor	ida Department
of State is:	Golf Associates, LLC		,
	ment/registration number a	assigned to this limited liability compa	any is 18 HAR 2
3. The date this me	mber/manager withdrew/re	signed or will withdraw/resign is: 12	/31/2017
4. I, Michael Bennett		hereby withdraw/resign as a	10 499 199 199
(Print No	ume of Person Resigning)	, hereby withdraw/resign as a	<b>6.</b>
Member/Mana			
	Print Title)		
of this limited liab resignation in wri	• •	he limited liability company has been	notified of my
michael	Bennett		
Signature of Dis	ssociating Member or Resig	gning Manager	
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)		