108000023903

(Requestor's Name)	
(Address)	_
•	
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MANASOTA PROPE	RTIES: OF SWIFLORIDA, LLC	
(Name of Limited Liability Company)		
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.		
Please return all correspondence con	cerning this matter to:	
JANET K ZANONI		
(Contact Person)		
MANASTOA PROPERTIES OF S	ŚW [®] FLÖRIDA, ŁŁOC	
(Firm/Company)		
3724 5TH AVE. W.		
(Address)	The second secon	
PAUMETTO, FL 34221		
(City/State and Zip Co	de)	
For further information concerning the	nis matter, please call:	
JANET K. ZANONI	941 723-3334 at ()	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed please find a check made p	ayable to the Florida Department of State for: \$\Bigsir \text{\$\substack}\$\$ \$\\$\\$ \$\\$\\$ Filing Fee & Certified Copy	

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (2/14)

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, Florida Statutes)

	limited liability company as	it appears on the records of the Florida Department SW FLORIDA, LLC
2. The Florida docu L08000023903	_	signed to this limited liability company is:
3. The date this me	mber/manager withdrew/resi	gned or will withdraw/resign is:
CLVDEELA	CKEN	, hereby withdraw/resign as a
MGR	, ,	
	(Print Title)	
of this limited lial resignation in wr		e limited liability company has been notified of my
Clyo	De E Lackey	<u></u>
Signature of Di	ssociating Member or Resign	ing Manager
_	\$25.00 (Required) \$30.00 (Optional)	