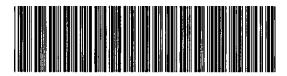
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(Re	equestor's Name)	_
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer	
Opecial instructions to	r illing Officer.	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

MAR 1 0 2015 T. CARTER

COVER LETTER

Division of Corporations		
SUBJECT: BELL GILMER COUNTY PE	ROPERTY, LL	.c
	ited Liability Con	npany) .
The enclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:	
JAMES E WILLIS ESQ		
(Contact Person)		_
WILLIS & DAVIDOW		
(Firm/Company)		-
851 5TH AVE N, STE 301		
(Address)		-
NAPLES FL 34102		
(City/State and Zip Code)		-
For further information concerning this matter	er, please call:	
JAMES E WILLIS	239	435-0094
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to ■ \$25 Filing Fee		epartment of State for: Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)



FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

15 MAR -2 AM II: 42

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 L GILMER COUNTY PROPERTY, LLC
2. The Florida doct	ument/registration number assigned to this limited liability company is: 5
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 02/02/2015
4. I,	
MANAGER	·
	(Print Title) bility company and affirm the limited liability company has been notified of my iting.
Signature of Di	Ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)