## 108000108456

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





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## 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 as	s it appears on the records of the Florida	Department
of State is: VILL	AGE ON THRE GREEN	AT GREENACRES, LLC	<del></del> ,
2. The Florida document/registration number assign L08000108456		ssigned to this limited liability company	TE NOV 30
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is:	C 72
4. I, FRANCES FARANO (Print Name of Person Resigning)		, hereby withdraw/resign as a	69
(Print N	lame of Person Resigning)	5	. Co
MGRM			
	(Print Title)		
of this limited lia resignation in wr		ne limited liability company has been no	tified of my
France	2 Fances	<u>~</u>	
	issociating Member or Resig	gning Manager	
	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		