10900054004

(R	equestor's Name)	
Ä)	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(B	Business Entity Name)	
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FILED SECRETARY OF STATE VISION OF CORPORATIONS

B FIGUEROA JAN 1 1 2018

COVER LETTER

	Registration Section Division of Corporations		
SUBJE	Landfall Strategies, LLC		
		Limited Liability Cor	npany)
The enc	losed member, resignation or disse	ociation and fee(s	s) are submitted for filing.
Please r	eturn all correspondence concerni	ng this matter to:	
Craig S	Schultz		
	(Contact Person)	, , 	_
Landfa	II Strategies, LLC		
	(Firm/Company)		_
7061 S	S. Tamiami Trail		
	(Address)		_
Sarasc	ota, FI 34231		
	(City/State and Zip Code)	 -	_
For furt	her information concerning this m	atter, please call:	
Craig S	Schultz	941 at (451-7472
	(Name of Contact Person)		& Daytime Telephone Number)
	d please find a check made payabl Filing Fee		Department of State for: Fee & Certified Copy
	T/COURIER ADDRESS:		MAILING ADDRESS:
_	ntion Section n of Corporations		Registration Section Division of Corporations
	Building		P.O. Box 6327
2661 Ex	xecutive Center Circle ssee, Florida 32301		Tallahassee, Florida 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)

2. The Florida document/registration number a	assigned to this limited liability company is:
L09000054004	
3. The date this member/manager withdrew/re	esigned or will withdraw/resign is: 12/29/2017
Maria C. Rocha	, hereby withdraw/resign as a
(Print Name of Person Resigning)	
Managing Member	
(Print Title)	
of this limited liability company and affirm tresignation in writing.	the limited liability company has been notified of my
Hara C Tado	
Signature of Dissociating Member or Resi	gning Manager

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: