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SECRETARY OF STATE
TALLIAHASSEE, FLORID

APR 2 7 2017 S. YOUNG

COVER LETTER

Division of Corporations		
SUBJECT: SUN COUNTRY REALTY HOUSE, LLC		
(Name of Limited Liability Com		
The enclosed member, resignation or dissociation and fee(s)) are submitted for filing.	
Please return all correspondence concerning this matter to:		
CHAD DOHER		
(Contact Person)	-	
(Firm/Company)	•	
10890 SW 47TH AVE		TT A
(Address)	•	APR 26
OCALA, FL 34476		SE S
(City/State and Zip Code)	•	2: STA
For further information concerning this matter, please call:		2: 48
CHAD DOHER 352	239-3310	
(Name of Contact Person) (Area Code	& Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$55 Filing	epartment of State for: Fee & Certified Copy	

STREET/COURIER ADDRESS:

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

CR2E079 (2/14)

TO:

Registration Section

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)

		as it appears on the records of the Florida De	epartment
of State is:	COUNTRY REALTY H	OUSE, LLC	
2. The Florida doct L1000005398	•	assigned to this limited liability company is:	17 APR 26 PM
3. The date this me	mber/manager withdrew/re	esigned or will withdraw/resign is:	26 PH
4. I, CHAD DOHE	ER	, hereby withdraw/resign as a	2: 48
(Print N	ame of Person Resigning)		စ်သ
SECRETARY	,		
	(Print Title)		
of this limited lia resignation in wr	• •	the limited liability company has been notifi	ed of my
	all		
Signature of Di	ssociating Member or Resi	gning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		