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SEURETARY OF STATE ON SEURETARY OF CORPORATIONS

12/17/14

COVER LETTER

TO:

CR2E079 (2/14)

Registration Section

Division of Corporations WILLIAM G. WALDEN INVESTMENTS, LLC (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: William G. Walden (Contact Person) WILLIAM G. WALDEN INVESTMENTS, LLC (Firm/Company) 3615 Sparrow Hawk Trail (Address) Mims, Florida 32754 (City/State and Zip Code) For further information concerning this matter, please call: Bill Walden (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301



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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)

	limited liability company as it appears on the records of the Florida Department LIAM G. WALDEN INVESTMENTS, LLC
2. The Florida doct	ument/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 10/21/2014
4. I, Kimberly Wa	
	ame of Person Resigning)
Authorized M	ember
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
pholesty	DEOLD
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)