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To: Division of Corporations Fax Number : (850)617-6333 From: Account Name : CRARY, BUCHANAN, BOWDISH, ET AL Account Number : 076424001425 Phone : (772)233-4602 Fax Number : (772)223-4378 H H H Enter the email address for this business entity to be used for future Nannual report mailings. Enter only one email address please.\*\* H K Email Address: JW@crarybuchanan.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INDIAN HEAD PARTNERS, LLC

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LouAnn Rutkowski Crary-Buchanan

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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 it appears on the records of the Florida Department of State is:

2. The Florida document/registration number assigned to this limited liability company is:

L11000009636 

3. The date this member/manager withdrew/resigned or will withdraw/resign is:

Jennifer L. Williamson (Print Name of Person Resigning), hereby withdraw/resign as a 4. I, \_\_\_\_\_

Manager

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

\$25.00 (Required) Filing Fee: \$30.00 (Optional) Certified Copy: