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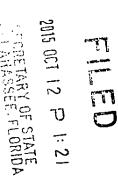
(Re	equestor's Name)			
(Ad	dress)			
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(Ci	ty/State/Zip/Phone #	‡)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates o	of Status		
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OCT 1 3 2015

3 MASON

COVER LETTER

Division of Corporations				
SUBJECT: FOX Run Enterprises (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:				
Janey Randlett (Contact Person)				
Fox Pun Finterprises (Firm/Company)				
OFLIFS W 22 PL (Address)				
Newberry Fl 32669 (City/State and Zip Code)				
For further information concerning this matter, please call:				
James of Contact Person) at (352) 2 (Area Code & D	aytime Telephone Number)			
Enclosed please find a check made payable to the Florida Depar □ \$25 Filing Fee □ \$55 Filing Fee	tment of State for: & Certified Copy			
Registration Section Registration of Corporations Division of Corporations P.O.	istration Section ision of Corporations Box 6327 lahassee, Florida 32314			

CR2E079 (2/14)

Tallahassee, Florida 32301



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 re-	cords of the Florida Department
of State is:	Fox Run Ent	erprises	·
2. The Florida docu	ment/registration number	assigned to this limite	ed liability company is:
L1100001	1091	,	
3. The date this me	mber/manager withdrew/r	esigned or will withdra	aw/resign is: Oct 9 7015
4. I, Richard (Print N	K Randletl ame of Person Resigning)	, hereby withdi	raw/resign as a
Register	Print Title)		
of this limited lial resignation in wri		the limited liability co	ompany has been notified of my
	ssociating Member or Res		- -
Signature of Di	ssociating Member or Res	igning Manager	2015 0
	\$25.00 (Required) \$30.00 (Optional)		TILED 2015 OCT 12 P 1: 2 FERHASSEF, FLOR