L11000033356

| (Requestor's Name) | | | | |
|---|--------------------|-------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (Ci | ty/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
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Office Use Only



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17 JUL 28 PH I2: 48

S. WARREN

AUG 0 2 2017

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|----------------------|--|
| SUBJECT: DUVAL HOMES, LLC | | |
| | ited Liability Compa | nny) |
| The enclosed member, resignation or dissoci | ation and fee(s) a | are submitted for filing. |
| Please return all correspondence concerning | this matter to: | |
| CLAY JONES | | |
| (Contact Person) | | |
| DUVAL HOMES, LLC | | |
| (Firm/Company) | <u> </u> | |
| 3030 PIEDMONET MANOR DR | | |
| (Address) | | |
| ORANGE PARK, FL 32065 | | |
| (City/State and Zip Code) | | |
| For further information concerning this matt | er, please call: | |
| CLAY JONES | 904 at () | 483-6490 |
| (Name of Contact Person) | | Daytime Telephone Number) |
| Enclosed please find a check made payable t \$25 Filing Fee | | partment of State for: |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | R D P | AAILING ADDRESS: Legistration Section Division of Corporations LO. Box 6327 Callahassee, 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)

| | limited liability company as | it appears on the records of the Florida Department | |
|--|------------------------------|---|--|
| 2. The Florida doc L1100003335 | 5 | signed to this limited liability company is: | |
| 3. The date this me | ember/manager withdrew/res | gned or will withdraw/resign is: | |
| 4. 1. JESSICA M. SANTIAGO JONES (Print Name of Person Resigning) | | | |
| (Print N | iame of Person Resigning) | | |
| AMBR | | | |
| | (Print Title) | | |
| resignation in wr | · · | e limited liability company has been notified of my | |
| | \$25.00 (Required) | 当 | |
| Centinea Copy: | \$30.00 (Optional) | | |