L11000088620

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	dress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
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resignation



DP 114

COVER LETTER ...

TO:	_	stration Section sion of Corporations		
SUBJI	ECT:	Locwall Holdings LLC		
		(Name of I	Limited Liability Co.	mpany)
The er	nclosed	I member, resignation or disse	ociation and fee(s) are submitted for filing.
Please	return	all correspondence concerning	ng this matter to:	
Georg	ge Loi	ughlin		
		(Contact Person)		- -
Locw	all Ho	ldings		
		(Firm/Company)		
1080	Grand	d Isle Drive		
-		(Address)		_
Naple	es, FL	34108		
		(City/State and Zip Code)		_
For fu	rther in	nformation concerning this m	atter, please call:	
Georg	ge Lo	ughlin	239	404-2302
	(N	ame of Contact Person)		& Daytime Telephone Number)
Enclos	-	ase find a check made payabl g Fee		Department of State for: g Fee & Certified Copy
Regist Division Clifton 2661 I	ration on of C n Build Execut	OURIER ADDRESS: Section Corporations ling ive Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)



FILED
2014 MAY 22 PM 3: 09

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: Locy	wall Holdings LLC
2. The Florida doct	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4. I, Christopher	
Manager	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)