L11000097995

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
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MAY 31 2018

COVER LETTER

| TO: | Registration Section Division of Corporations | |
|---------|--|---|
| SUBJI | | |
| | (Name of Limited | Liability Company) |
| The en | closed member, resignation or dissociation | on and fee(s) are submitted for filing. |
| Please | return all correspondence concerning this | s matter to: |
| WILLI | AM BOULTON | |
| | (Contact Person) | |
| W. BC | DULTON INVESTMENTS, LLC | |
| | (Firm/Company) | |
| 9541 | SHADOW OAK LANE | |
| | (Address) | |
| N FT | MYERS FLORIDA 33917 | • |
| | (City/State and Zip Code) | |
| For fur | rther information concerning this matter, p | please call: |
| WILLI | AM BOULTON - willin Bout at | 239 462-1534 |
| | (Name of Contact Person) | (Area Code & Daytime Telephone Number) |
| | sed please find a check made payable to th Filing Fee | ne Florida Department of State for: 1 \$55 Filing Fee & Certified Copy |
| | ET/COURIER ADDRESS: | MAILING ADDRESS: |
| _ | ration Section | Registration Section |
| | on of Corporations Building | Division of Corporations P.O. Box 6327 |
| | Executive Center Circle | Tallahassee, Florida 32314 |
| | assee, Florida 32301 | |

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)

| of State is: W. E | OULTON INVESTMENT | S, LLC | · |
|--|--|------------------------------------|---------------------------------------|
| . The Florida docu | • | assigned to this limited liability | company is: |
| | | signed or will withdraw/resign | is: MAY 1, 2018 |
| . TINA STANZ | IONE BOULTON | hereby withdraw/resign | r as a |
| (Print N | ame of Person Resigning) | , hereby withdraw/resign | . 40 4 |
| MANAGER | | | |
| | (Print Title) | | |
| of this limited liab resignation in wri | - • • | he limited liability company ha | as been notified of my |
| 11 | | | يــــــــــــــــــــــــــــــــــــ |
| | 1 | 5/29/,8 | AWA AWA |
| Signature of Di | ssociating Member or Resig | gning Marager | |
| | | | - |
| filing Fee: | \$25.00 (Required) | | |
| | The state of the s | | - A-15 |