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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE DIVISION OF CORPORATIONS

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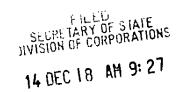
COVER LETTER

TO:

Registration Section

Division of Corporations Paradise Lane LLC **SUBJECT:** (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: David T Whitehurst (Contact Person) Paradise Lane LLC (Firm/Company) 7620 Brook Forest Circle (Address) Pensacola, Florida 32514 (City/State and Zip Code) For further information concerning this matter, please call: Richard M Whitehurst (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee ■ \$55 Filing Fee & Certified Copy **MAILING ADDRESS:** STREET/COURIER ADDRESS: **Registration Section Registration Section** Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 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)

	limited liability company as it appears on the records of the Florida Department dise Lane LLC
2. The Florida doc	ment/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 18 DEC Zo14
Pichard M M	hitahuret
(Print N	, hereby withdraw/resign as a me of Person Resigning)
Manager	
·	Print Title)
of this limited lia resignation in wr	oility company and affirm the limited liability company has been notified of my ting.
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)