## L12000009456

(Rec	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
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J. HARRIS

## **COVER LETTER**

**TO:** Registration Section Division of Corporations

CR2E079 (2/14)

LLC						
SUBJECT: (Name of Limited Liability Company)						
and fee(s)	are submitted for filing.					
natter to:						
ease call:						
386	438-4380					
	& Daytime Telephone Number)					
	epartment of State for: Fee & Certified Copy					
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
	ease call: 386 Area Code a Florida De					



## 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	s it appears on the records of the	he Florida Department
of State is:	SHORE CUSTOM HOME	ES, LLC	·
	_	ssigned to this limited liability	y company is:
L1200000945	6		
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign	is: 12/30/2016
4. I, ROGER BONIFANT, hereby withdraw/resi		n ac a	
4. 1,(Print N	lame of Person Resigning)	, nereby withdraw/resign	ii as a
Member			
	(Print Title)		
of this limited lia resignation in wr		ne limited liability company ha	as been notified of my
			17 J
Signature of D	issociating Member or Resig	ning Manager	9- 19- 19- 19- 19- 19- 19- 19- 19- 19- 1
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		
Certifica Copy.	330.00 (Optional)		<b>o</b>