## 11200065871

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SECRETANT OF STATE
ALLAHASSEE, FLORIDA

## **COVER LETTER**

Division of Corporations					
SUBJECT: FLORIDA COUNTRY AC	CRES, LLC				
	Limited Liability Co	mpany)		-	
The enclosed member, resignation or dis-	sociation and fee(	s) are submitted t	for filing.		
Please return all correspondence concern	ing this matter to:	:			
PAUL D. NEWELL					
(Contact Person)					
PAUL D. NEWELL, P.A.					
(Firm/Company)					
260A S. Lawrence Blvd., Suite 201			. SEC	n D	
(Address)		_	Alak S	報り	
Keystone Heights, FL 32656				FILED	
(City/State and Zip Code)		<del></del>		¥ ∪ F`	
For further information concerning this n	natter, please call	:	ADA	2	
Paul D. Newell	352 at (	473-4928			
(Name of Contact Person)		e & Daytime Telep	phone Number)	-	
Enclosed please find a check made payab \$25 Fiting Fee		Department of Stag Fee & Certified			
STREET/COURIER ADDRESS:		MAILING ADDRESS:			
Registration Section Division of Corporations		Registration Se			
Clifton Building		Division of Corporations P.O. Box 6327			
2661 Executive Center Circle		Tallahassee, Florida 32314			

CR2E079 (2/14)

Tallahassee, Florida 32301

**TO:** Registration Section



## 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)

	e limited liability company a PRIDA COUNTRY ACRES	• •	s of the Florida Department	
2. The Florida doc L1200006587	ument/registration number a	ussigned to this limited lia	bility company is:	
3. The date this mo	ember/manager withdrew/re	signed or will withdraw/re	08/27/2018 esign is:	
4. I. CAROL A. JONES  (Print Name of Person Resigning)				
Managing Me	ember & Member (Print Title)			
of this limited lia resignation in wi	ibility company and affirm the	he limited liability compa	ny has been notified of my	
Card	a. Jones	i	·,	
	issociating Member or Resig	<del></del>	18 : SCOR ALLA	
	\$25.00 (Required) \$30.00 (Optional)		FILED SEP 17 PM I	