

L12000075350

\_\_\_\_\_  
(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:

Date

Office Use Only



600281935006

02/09/16--01001--004 \*\*50.00

RECEIVED  
16 FEB -9 AM 9:42  
NOT ENTERED  
IS ADOPTED  
SUFFICIENCY OF FILING  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2016 MAR 15 PM 12:49  
FILED

K. SALY  
EXAMINER

MAR 17



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 10, 2016

FRANCES CASEY LOWE, P.A.  
GUILDAY LAW  
68 A FELI WAY  
CRAWFORDVILLE, FL 32327

SUBJECT: ATHENA PROPERTIES OF NORTH FLORIDA, LLC  
Ref. Number: L12000075350

We have received your document for ATHENA PROPERTIES OF NORTH FLORIDA, LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please insert the date DAVID PROULX resigned.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 216A00002828

RECEIVED  
2016 MAR 15 PM 1:26  
OFFICE OF THE  
TALLAHASSEE CLERK

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ATHENA PROPERTIES OF NORTH FLORIDA, LLC  
(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:

**Frances Casey Lowe, P.A.**

(Contact Person)

**Guilday Law**

(Firm/Company)

~~3042 Crawfordville Highway~~ 68 A Feli Way  
(Address)

**Crawfordville, FL 32327**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Frances Casey Lowe, P.A.**

(Name of Contact Person)

at ( 850 ) 926-8245

(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

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
2016 MAR 15 PM 12:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: ATHENA PROPERTIES OF NORTH FLORIDA

2. The Florida document/registration number assigned to this limited liability company is:  
L12000075350

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/2015

4. I, DAVID PROULX, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MEMBER

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)