## 112000100576

(Re	questor's Name)	•		
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
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**S Warren** DEC 0 6 2016

## COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: WOODSHIRE HOLDINGS LLC					
(Name of Limited	d Liability Cor	mpany)			
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to:					
CAROLINE BERK		_			
(Contact Person)		-			
WOODSHIRE HOLDINGS LLC					
(Firm/Company)					
4532 W KENNEDY BLVD #339					
(Address)		_			
TAMPA, FL 33609					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
CAROLINE BERK	813	282-1075			
(Name of Contact Person)	(Area Code	e & 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			

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)

	limited liability company as i	* *	ls of the Florida Department
2. The Florida docu L120001005	ument/registration number ass	igned to this limited li	ability company is:
3. The date this me	mber/manager withdrew/resig	gned or will withdraw/	9/14/2016 resign is:
4. I, Print N	ame of Person Resigning)	, hereby withdraw	
MGRM	(Print Title)		
resignation in wr	bility company and affirm the iting.	7	any has been notified of my
	\$25.00 (Required) \$30.00 (Optional)		-5 P 3 OR