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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

_	stration Section sion of Corporations		
SUBJECT:	PALMARIS 1216, LLC		
		ited Liability Co	mpany)
The enclosed	d member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please returr	all correspondence concerning	this matter to:	
BRUCE H.	VANDERLAAN		
	(Contact Person)		
BRUCE H.	VANDERLAAN, ATTORNEY	AT LAW, P.	A
	(Firm/Company)		_
14047 SHI	MMERING LAKE COURT		
	(Address)		
FORT MY	ERS, FL 33907		
	(City/State and Zip Code)		
For further in	nformation concerning this matte	er, please call	:
BRUCE H.	VANDERLAAN		220-3326
(Area Code &) ¿ Daytime Telephone Number)	(Na	ame of Contact Person)
Enclosed ple	ease find a check made payable ting Fee		Department of State for: g 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

TALLAHASSEE, FLORIDA

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

Department	Florida
PALMARIS 1216, LLC of State is:	
2. The Florida document/registration number assigned to this limited liability c	ompany is:
L12000138396	
•	4/30/2015
3. The date this member/manager withdrew/resigned or will withdraw/resign is	
3. The date this member/manager withdrew/resigned or will withdraw/resign is CORAL PALMARIS, LLC	
CORAL PALMARIS, LLC 4. I,, hereby withdraw/resign as a	

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)

CR2E079 (2/14)