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SEGNETAN OF STATE MITANASSEE FLORID

N. Outligen JAN 3 U. 20161

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: College TOWN Central 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:
ERIK SLOOM (Contact Person)
College Town Central
103100 Overseas Hwy #51
Key Ango RC 33037 (CityState and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (954) 464 3210 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\sum \text{Certified Copy}\$
STREET/COURIER ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (12/13)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



FILED 2014 JAN 27 AM 3: 08 SECHETART OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the lin of State is:	nited liability company as east leafer	it appears on the records of	of the Florida Department
2. The Florida docum	ent/registration number of	this limited liability com	nany is:
1_1200014		and mining hading comp	pully 10.
		·	
		10/11/11	
3. The date this members	ber withdrew or will withd	raw is: $\frac{12}{3} / \frac{3}{3} / \frac{3}{3}$	
. Stephen	RIODAN	, , , ,	ιΛ <i>h</i>
4. I, Significant Name	BLOOM ne of Person Resigning)	, hereby resign as a _	Manasex
(Print Nam	e of Person Resigning)		(Print Litte)
	ity company and affirm the	limited liability company	y has been notified of my
resignation in writing	ng.		
)		
/\/\	<u>,</u>		
Signature of Resignature	gning or Dissociating Man	ager, Member	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		