

42000150893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

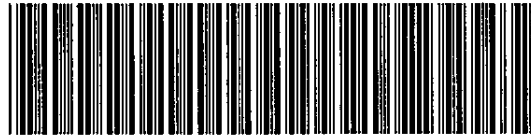
(Business Entity Name)

(Document Number)

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12/02/14--01017--022 **75.00

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AND
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14 DEC -3 AM 12: 34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 12 2014
[Signature]

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THE WILLOW BEND APARTMENTS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GRISEL CALDERO
Name of Person

LAW OFFICE OF VALERIA SCHVARTZMAN
Firm/Company

15807 BISCAYNE BLVD, STE 113
Address

NORTH MIAMI BCH, FL 33160
City/State and Zip Code
grisel@schvartzmanlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GRISEL CALDERO at (**305**) **974-0114 x200**
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: THE WILLOW BEND APARTMENTS LLC

2. The Florida document/registration number assigned to this limited liability company is:
L 12000150893

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11-14-14

4. 1. Darchell Turner, hereby withdraw/resign as a
(Print Name of Person Resigning)

Manager
(Print Title)

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

Darchell Turner
Signature of Dissociating Member or Resigning Manager

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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