

L13000013927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

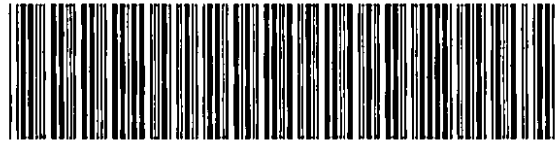
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

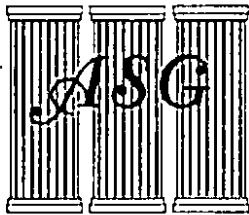


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AUG 27 2018  
S. YOUNG

FILED  
18 AUG 22 PM 6:37  
TALLAHASSEE, FLORIDA



# ANCHORS ♦ SMITH ♦ GRIMSLEY

A PROFESSIONAL LIMITED COMPANY

ATTORNEYS AND COUNSELORS AT LAW

909 MAR WALT DRIVE, SUITE 1014

FORT WALTON BEACH, FL 32547-6711

(850) 863-4064 (850) 862-1138 FAX (850) 664-5728 FAX

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C. LEDON ANCHORS

JAMES W. GRIMSLEY

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C. JEFFREY MCINNIS

RICHARD P. PETERMANN\*\*

TIMOTHY W. SHAW

SHIRAZ A. HOSEIN

JEFFREY L. BURNS\*

N. GRESHAM FOSTER, LL.M.

KYLE S. BAUMAN

MATTHEW J. AUSLEY

JAY PATEL

\* ALSO ADMITTED IN ALABAMA

\* ALSO ADMITTED IN WYOMING

August 21, 2018

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

**Re: Dissociation or Resignation of Member, Manager from Florida or Foreign Limited Liability Company / RIM Lake RV, LLC**

Enclosed please find the above forms for filing with your office. Also enclosed are checks in the amount of \$25.00 each to cover filing fees.

If you have any questions, please do not hesitate to contact our office.

Very Truly Yours,

Sharon Sculley  
Real Estate Closing Assistant

Encl.

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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RIM Lake RV, 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:

Scott McCormick

(Contact Person)

Beach Community Bank

(Firm/Company)

17 SE Eglin Parkway

(Address)

Fort Walton Beach, Florida 32548

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Scott McCormick

(Name of Contact Person)

850

at ( )

244-9900 x 250

(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

**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: RIM Lake RV, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L13000013927

3. The date this member/manager withdrew/resigned or will withdraw/resign is: \_\_\_\_\_

4. I, W. Scott McCormick, 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.

W. Scott McCormick  
Signature of Dissociating Member or Resigning Manager

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

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18 AUG 22 PM 6:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA