## L17000057569

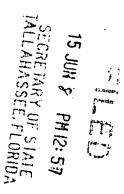
(Red	questor's Name)			
(Add	dress)			
(Add	dress)			
(City	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
		:		

Office Use Only



900273649439

06/08/15--01051--001 \*\*990.00



JUN 10 2015 J SHIVERS

## **COVER LETTER**

TO: Registration Section	
Division of Corporations	
SUBJECT: LT SEACOAST, LLC	
	ited Liability Company)
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Karen Guenther	
(Contact Person)	
Davila & Associates	
(Firm/Company)	
5710 IH-10 West	
(Address)	
San Antonio, Texas 78201	
(City/State and Zip Code)	
For further information concerning this matter	er, please call:
Karen Guenther	210 299-1300
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable	
■ \$25 Filing Fee	\$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Division of Corporations	Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle Tallahassee, Florida 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 a	s it appears on the records	s of the Florida Depar	rtment
of State is: LT 5	SEACOAST LLC			<del></del> -
2. The Florida docu L1300005356	ument/registration number a	assigned to this limited lia	bility company is:	
3. The date this me	mber/manager withdrew/re	signed or will withdraw/re	esign is:	; 
(Print N	ame of Person Resigning)			
Manager			VLL SE(	
	(Print Title)		AHA	JUN :
of this limited lial resignation in wr	bility company and affirm the iting.	he limited liability compa	ny has been notified,	Ē
	adout		SIAI FLORII	12:5
Signature of Di	ssociating Member or Resignation	gning Manager	ĐΑ	CO)
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			