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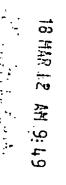
(Re	questor's Name)	<u> </u>				
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PICK-UP	☐ WAIT	MAIL				
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Certified Copies	_ Certificates	s of Status				
Special Instructions to	Filing Officer:					
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Office Use Only



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## COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: UATSON LAN (Name of Limite	D AND HOME LLC d Liability Company)						
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to:							
DUANE WATSU (Contact Person)	<u>N</u>						
WATSON LAND AND (Firm/Company)	Homes LLC						
735 S. PLUMOSA (Address)							
MERR! TT T (AWP (City/State and Zip Code)	FC. 32957						
For further information concerning this matter, please call:							
Name of Contact Person)	321 223-8845						
Enclosed please find a check made payable to	(Area Code & Daytime Telephone Number) the Florida Department of State for: \$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						

CR2E079 (2/14)



## 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 lir	nited liability	company a <b>ș</b> it	appears on the	he records of the Flor	ida Department
of State is:	ATSON	LAND	AND	HOMES	LLC
2. The Florida docum	ent/registration	number a <b>s</b> si	gned to this l	imited liability comp	any is:
L1300		' i			1 /
3. The date this mem	ber/manager w	ithdrew/resig	ned or will w	ithdraw/resign is:	3/7/18
4. I, DUAN (Print Nam	I E W	ATSON ening)	, hereby v	vithdraw/resign as a	B MAR LE
MCG	m			ity company has been	ATT
of this limited liabil resignation in writing	lity company a	nd affirm the	limited liabil	ity company has beer	notified of my
DARM	a.h	cts	-		
Signature of Diss	ociating Memb	er or Resigni	ng Manager	<del></del>	
Filing Fee:	\$25.00 (Requ	ired)			
Certified Copy:	\$30.00 (Opti	onal)			
		1			