(Requestor's Name) (Address) (Address)	200256028042
(City/State/Zip/Phone #)	01/27/1401016025 **250.0
(Business Entity Name)	
(Document Number) ertified Copies Certificates of Status	2014 JAN 27
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EXAMINER

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- , "	• • • • • • • • • • • • •	COVER LETTER	м. Хл	
TO:	Registration Secti Division of Corpo			
SUBJ	JECT:	Cottage Corke (2)an (Name of Limited Liability Company)	rs Ul	

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:



For further information concerning this matter, please call:



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

CR2E079 (12/13)

MAILING ADDRESS:

04 JAX 21

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



## 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 limited liability company as it appears on the records of the Florida Department Cottage Cove N of State is:
- 2. The Florida document/registration number of this limited liability company is:

3000117297 12 3. The date this member withdrew or will withdraw is: 31 \_\_\_\_\_, hereby resign as a <u>Manifi ng Mimber</u> (Print Title) 4. I of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. Signature of Resigning or Dissociating Manager, Member ILY JAN 27 SSE CLONE Filing Fee:

Certified Copy:

\$25.00 (Required). \$30.00 (Optional)

CR2E079 (12/13)