L14000017563

(Requestor's Name) (Address) (Address)	700356517217
(City/State/Zip/Phone #)	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	12/21/2001017001 ++
Special Instructions to Filing Officer:	779 DEC 2
Office Use Only	Mary 188

COVER LETTER

TO: Regi	stration Section		
Divi	sion of Corporations		
SUBJECT:	LAND GROUP HOME LLC		
		mited Liability Con	mpany)
The enclosed	d member, resignation or disso	ciation and fee(s) are submitted for filing.
Please return	all correspondence concerning	g this matter to:	
CAROL JOSE	PHS		
	(Contact Person)		_
RIDGELAND	GROUP HOMES, INC		
	(Firm/Company)		_
2504 CULBRI	EATH COVE CT		
	(Address)	-	_
VALRICO, FI	. 33596		
	(City/State and Zip Code)		_
For further is	nformation concerning this mat	ter, please call:	
CAROL JOSE	PHS	813	810-6257
(N	ame of Contact Person)	at ((Area Code	: & Daytime Telephone Number)
Enclosed plo ■ \$25 Filing	ease find a check made payable g Fee		Department of State for: g Fee & Certified Copy
Regis Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 hassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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)

		s it appears on the records of the Flor	ida Department
2. The Florida docu L14000017563	ument/registration number a	ssigned to this limited liability comp	any is:
4. I. DERYCK JOSE (Print N ADMINISTRATO	PHS JR lame of Person Resigning)	signed or will withdraw/resign is:, hereby withdraw/resign as a	01/2020
resignation in wr	bility company and affirm thiting. ssociating Member or Resignation	ne limited liability company has been	.,
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		. pp. 21 M/9: