

L14000037767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

NOV 25 2014
J. LEMIEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mary Manor II LLC/Jessica Taylor Adult Family Care Home
(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:

Jessica Taylor

(Contact Person)

Jessica Taylor Adult Family Care Home

(Firm/Company)

4414 NW 21st Drive

(Address)

Gainesville Florida 32609

(City/State and Zip Code)

For further information concerning this matter, please call:

Jessica Taylor

(Name of Contact Person)

at (352) 443-2074
(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: Mary Manor II LLC/Jessica Taylor Adult Family Care Home

2. The Florida document/registration number assigned to this limited liability company is:
46-4964405

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 07-03-2014

4. I, David Mounds, hereby withdraw/resign as a
(Print Name of Person Resigning)
(one of) owner
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.


Signature of Dissociating Member or Resigning Manager

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

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TALLAHASSEE, FLORIDA

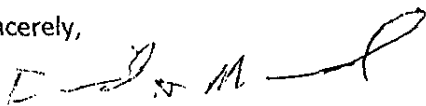
Thursday, July 3, 2014

RE: David Mounds (Mary Manor II LLC)

To whom it may concern;

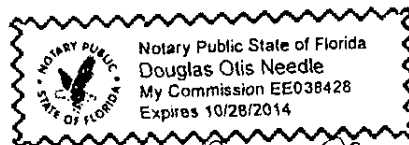
I, David Mounds, am withdrawing my application with APD and Jessica Taylor will be the sole owner of Mary Manor II LLC. Thank you for your past consideration. Please contact me if you need any further information.


Sincerely,



David Mounds

on 7/3/2014
David Mounds appeared
personally before me whose
identity I proved on the basis of
Valid F.I.D. River to be the
signer of the above instrument and
he/she acknowledged that he/she
signed it.



 7/3/2014

STATE OF FLORIDA
COUNTY OF ALACHUA