

04/07/2016

Division of Corporations

Fax Cover Sheet

0000/0002
Page 1 of 2

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000086486 3)))



H160000864863ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SHUTTS & BOWEN LLP (ORLANDO)
Account Number : I20030000004
Phone : (407) 835-6769
Fax Number : (407) 843-4076

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

corpmail@shutts.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FONTANA LAKES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED

2016 APR -7 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 APR -7 A 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

(((H16000086486 3)))

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: FONTANA LAKES, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L14000050853

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 3/30/2016

4. I, Frank H. Cawthon Jr., hereby withdraw/resign as a
(Print Name of Person Resigning)

Manager

(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)

CR2E079 (2/14)

FILED
2016 APR - 7 A 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H16000086486 3)))