L14000095832

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (December 1 Novel ex) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| |

Office Use Only



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TÄLLAHÄSSEE, FLORIDA

0CT 2 9 2014 T. CARTER

LLC MIMGR Resign

COVER LETTER

| Divis | sion of Corporations | | | |
|--|-------------------------------------|-----------------|---|--|
| SUBJECT: | 28th Parallel Homes, LLC | | | |
| SCHOLET. | (Name of Limited Liability Company) | | | |
| The enclosed | l member, resignation or dissoc | iation and fee(| (s) are submitted for filing. | |
| Please return | all correspondence concerning | this matter to | : | |
| James Wal | antus | | | |
| | (Contact Person) | | | |
| 28th Paralle | el Homes, LLC | | | |
| | (Firm/Company) | | | |
| 5917 N Ithr | nar Ave | | | |
| | (Address) | | _ | |
| Tampa, FL | 33604 | | | |
| | (City/State and Zip Code) | | | |
| For further information concerning this matter, please call: | | | | |
| James Wal | antus | 347 at (| 418-1171 } | |
| (N | ame of Contact Person) | (Area Cod | e & Daytime Telephone Number) | |
| Enclosed ple | ase find a check made payable g Fee | | Department of State for: g Fee & Certified Copy | |
| | OURIER ADDRESS: | | MAILING ADDRESS: | |
| Registration Division of (| | | Registration Section Division of Corporations | |
| Clifton Build | - | | P.O. Box 6327 | |
| | ive Center Circle | | Tallahassee, Florida 32314 | |
| | Florida 32301 | | , | |

CR2E079 (2/14)

TO: Registration Section



FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

14 OCT 14 AM 11: 46

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)

| | e limited liability company as it appears on the records of the Florida Department Parallel Homes, LLC |
|---|---|
| 2. The Florida doc L1400009583 | ument/registration number assigned to this limited liability company is: |
| 3. The date this me | ember/manager withdrew/resigned or will withdraw/resign is: |
| | ostwick, hereby withdraw/resign as a |
| Manager | |
| | (Print Title) |
| of this limited lia resignation in w | ability company and affirm the limited liability company has been notified of my riting. |
| Signature of D | issociating Wember or Resigning Manager |
| Filing Fee: | \$25.00 (Required) \$30.00 (Optional) |