# L14000/00402

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	-
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
•	_	
		:
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

DC4/15

#### **COVER LETTER**

_	stration Section ion of Corporations		
SUBJECT:	ODETTE LLC		
	(Name of Limited	Liability Con	ipany)
The enclosed	member, resignation or dissociation	n and fee(s	) are submitted for filing.
Please return	all correspondence concerning this	matter to:	
MICHELLE	BARNECETTE		_
	(Contact Person)		-
ODETTE LI	_C		
	(Firm/Company)		-
5029 SW 1	ST AVE		_
	(Address)		•
OCALA, FL	34476		
	(City/State and Zip Code)		•
For further in	nformation concerning this matter, p	lease call:	
MICHELLE	BARNECETT	352	895-4595
(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed plea □ \$25 Filing	ase find a check made payable to the Fee		repartment of State for: Fee & Certified Copy
Registration Division of C Clifton Build 2661 Executi	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)



#### FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

15 APR 13 PM 12: 53

### 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 of State is: OD	limited liability company as it appears on the records of the Florida Departmen
2. The Florida doc	ument/registration number assigned to this limited liability company is:
3. The date this m	mber/manager withdrew/resigned or will withdraw/resign is: 12/01/2014
IECCION ED	RNANDEZ  hereby withdraw/resign as a  ame of Person Resigning)
(Print)	ame of Person Resigning)
AMBR	
	(Print Title)
resignation in w	bility company and affirm the limited liability company has been notified of my iting.  ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	