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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Division of Corporations
SUBJECT: Cypresswood Golf & Country Club LLC (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:
Robert E. Schade
(Contact Person)
Cypresswood Golf & Country Club LLC (Firm/Company)
1099 Clubhouse Road
(Address)
Winter Haven, FL 33884 (City/State and Zip Code)
For further information concerning this matter, please call:
Robert E. Schade at (863) 324-6174 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\infty\$ \$25 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (2/14)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 1. 10°



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	ment
of State is: Cypress	wood Golf & Country Club LLC	<u></u> .
2. The Florida document/re	egistration number assigned to this limited liability company is:	
L14000117469	-	
3. The date this member/m	anager withdrew/resigned or will withdraw/resign is: June 24,	<u>2</u> 016
4. l, <u>James E. King</u> (Print Name of P	. Jr, hereby withdraw/resign as a erson Resigning)	
MEMBER (Print Tit	<u></u> (le)	
of this limited liability corresignation in writing.	ompany and affirm the limited liability company has been notified of	f my
Signature of Dissociation	Mg Member or Resigning Manager	2016 Ji
_	.00 (Required)	ည ၂