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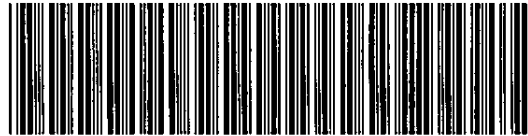
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TO: Registration Section
Division of Corporations

SUBJECT: Apopka Golf & Tennis @ Errol Estate 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:

Mr. Steve Sheridan, CPA

(Contact Person)

Schafer, Tschopp, Whitcomb, Mitchell & Sheridan LLP

(Firm/Company)

541 S. Orlando Avenue Suite 300

(Address)

Maitland, Florida 32751

(City/State and Zip Code)

For further information concerning this matter, please call:

Steve Sheridan

(Name of Contact Person)

at (407) 758-4404

(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