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SECRETARY OF STATE
TALL ABASSES, TLORIDA

SEP J. J. 2819 CHAROLEDER

COVER LETTER

~	ion of Corporations				
SUBJECT:	405 VILLAS DRIVE, LLC				
oonaner.	(Name of Limited Liability Company)				
The enclosed	l member, resignation or dissocia	ation and fee(s	s) are submitted for filing.		
Please return	all correspondence concerning t	his matter to:			
KATE MES	ilC				
	(Contact Person)		_		
	(Firm/Company)		_		
6550 ST A	UGUSTINE RD #305		_		
	(Address)				
JACKSON	VILLE, FL 32217				
	(City/State and Zip Code)				
For further in	nformation concerning this matte	r, please call:			
KATE MES	SIC	904 at (619-2510		
(N	lame of Contact Person)	(Area Code	& Daytime Telephone Number)		
Enclosed plo □ \$25 Filing	ease find a check made payable to g Fee		Department of State for: g Fee & Certified Copy		
Registration Division of C Clifton Build 2661 Execut	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		

CR2E079 (2/14)



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)

	limited liability company as VILLAS DRIVE, LLC	• •	rds of the Florida Department	
L1400016159	ument/registration number as		liability company is:	
	:mber/manager withdrew/res		/resign is:	
4. I. KYUNG BISHOP (Print Name of Person Resigning)		, hereby withdraw/resign as a		
(Print) MEMBER	same of Person Resigning)			
	(Print Title)			
of this limited lia resignation in wi	- · · · · · · · · · · · · · · · · · · ·	e limited liability comp	pany has been notified of my	
1/0			19 SEP 10 SEURE IARRY ALLANDASSER	
	\$25.00 (Required) \$30.00 (Optional)		TO SEAL OF THE SEA	