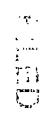
14000163753

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

Office Use Only



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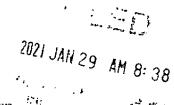
O SIMMONS MAR 1 3 2021

COVER LETTER

TO: Regi	stration Section			
Divi	sion of Corporations			
SUBJECT:	Woodland Estates, LLC (Name of Limited Liability Company)			
3 3 2 3 1 7 3 1 1				
The enclose	d member, resignation or diss	sociation and fee(s) are submitted for filing.	
Please returi	n all correspondence concern	ing this matter to:		
Timothy Rick	etts			
	(Contact Person)		_	
	(Firm/Company)		_	
495 Seminole	Road			
	(Address)		_	
Babson Park,	FL 33827			
	(City/State and Zip Code)		_	
For further i	nformation concerning this n	natter, please call:		
Timothy Rick	etts	321 at (863-5750	
(1)	Vame of Contact Person)		& Daytime Telephone Number)	
Enclosed ple	ease find a check made payab	le to the Florida I	Department of State for:	
5 X \$25 Filin	g Fee	□ \$55 Filing	g Fee & Certified Copy	
<u>Maili</u>	ng Address:		Street Address:	
Registration Section			Registration Section	
	sion of Corporations		Division of Corporations	
P.O. Box 6327			The Centre of Tallahassee	
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 81	

Tallahassee, FL 32303





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	e limited liability company as it appears on the records of the Florida Department
	odland Estates, LLC
2. The Florida doc L14000163753	cument/registration number assigned to this limited liability company is:
Shawn Rickette	ember/manager withdrew/resigned or will withdraw/resign is:
(Print)	, hereby withdraw/resign as a same of Person Resigning)
MGR	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
SE	
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	i r
Certified Copy:	\$30.00 (Optional)