L14000184883

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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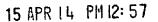
DC 4/16

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LAT Ocala Homes, LLC	
(Name of Limited Liability Con	npany)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:	
Laurie Ann Truluck	
(Contact Person)	-
LAT Ocala Homes, LLC	
(Firm/Company)	-
1245 SE 14th Street	_
(Address)	
Ocala, FL 34471	
(City/State and Zip Code)	•
For further information concerning this matter, please call:	
Laurie Ann Truluck 352	843-1472
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D ■ \$25 Filing Fee □ \$55 Filing	Pepartment of State for: Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (2/14)

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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 it a Ocala Homes, LLC	ppears on the records of the Florida Department
2. The Florida docu L1400018488		ned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigne	ed or will withdraw/resign is: 1/2/15
Daniel W. Truluck		_, hereby withdraw/resign as a
REP		
	(Print Title)	
of this limited lia resignation in wr	• •	nited liability company has been notified of my
1 06		
Signature of Di	ssociating Member or Resigning	g Manager
-	\$25.00 (Required) \$30.00 (Optional)	