

L15000007096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

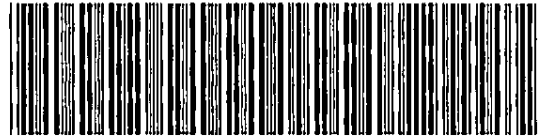
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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11/30/17--01021--013 \*\*35.00

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18 JAN -4 PM 1:28  
IN CLERK'S OFFICE  
OF THE CLERK OF COURT  
OF THE STATE OF OHIO

S. WARREN

JAN 05 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 4, 2017

GENELLE BENNETT  
1250 W SR 434, STE 1000  
LONGWOOD, FL 32750

SUBJECT: MAVERICK ESTATES AFTON LLC  
Ref. Number: L15000007096

We have received your document for MAVERICK ESTATES AFTON LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist II

Letter Number: 717A00024425

RECEIVED  
JAN - 4 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Maverick Estates AFTON  
(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:

Genelle Bennett  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

1250 W. SR. 434, Suite 1000  
(Address)

Longwood, FL 32750  
(City/State and Zip Code)

For further information concerning this matter, please call:

Gene Bennett at ( 407 ) 492-4210  
(Name of Contact Person) (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



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 of State is: Maverick Estates AFTON, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L15000007096

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/1/17

4. I, Genelle Bennett, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MS  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

x Genelle Bennett  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
18 JAN -4 PM 1:28  
TALLAHASSEE, FLORIDA