## L150000 18147

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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JUN 28 2016 S. YOUNG

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Skywolf Properties,LLC		
(Name of Limited	d Liability Company)	
The enclosed member, resignation or dissociation	on and fee(s) are submitted for filing.	
Please return all correspondence concerning this	s matter to:	
Stacia Tumey		
(Contact Person)		
Skywolf Properties,LLC		
(Firm/Company)		
3108 Sundance Trail		,
(Address)		
32168	16 JUN 27 AH	
(City/State and Zip Code)	777	
For further information concerning this matter,		•
Stacia Tumey	386 290-3557	)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the \$25 Filing Fee	he Florida Department of State for:  2 \$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	

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)

		s it appears on the records of the Florida Depa	
of State is: Sky	wolf properties,LLC		
2. The Florida doc L1500001814	ument/registration number a	essigned to this limited liability company is:	TALL HAVE
		signed or will withdraw/resign is:	m g
4. I, Stacia Tume	у	, hereby withdraw/resign as a	部 7: 20
(Print N	lame of Person Resigning)		· ·
MGR			
	(Print Title)		
resignation in wr		ne limited liability company has been notified	of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		