

L1500091187  
Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383  
From: Account Name : J.KEVIN DRAKE,P.A.  
Account Number : I20020000002  
Phone : (941)954-7750  
Fax Number : (941)951-1509

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ARLINGTON CONDOMINIUM DEVELOPERS, II, L.L.C.

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ARLINGTON CONDOMINIUM DEVELOPERS II, L.L.C.  
(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:

J. KEVIN DRAKE, ESQ.

(Contact Person)

J. KEVIN DRAKE, P.A.

(Firm/Company)

1432 FIRST STREET

(Address)

SARASOTA, FLORIDA 34236

(City/State and Zip Code)

For further information concerning this matter, please call:

J. KEVIN DRAKE, ESQ.

(Name of Contact Person)

941

954-7750

at ( )

(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

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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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)

- 1. The name of the limited liability company as it appears on the records of the Florida Department of State is: ARLINGTON CONDOMINIUM DEVELOPERS II, L.L.C.
- 2. The Florida document/registration number assigned to this limited liability company is:  
L15000091187
- 3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12-1-2021
- 4. I, JERRY BANKS, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
MANAGER  
*(Print Title)*

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

Jerry Banks  
Signature of Dissociating Member or Resigning Manager

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

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TALLAHASSEE, FLORIDA

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