Florida Department of State

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : J.KEVIN DRAKE, P.A.

Account Number : 120020000002

Phone Fax Number : (941)954-7750 : (941)951-1509

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

Email Address: kdrake@drakelawyers.com

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: ARLING	TON 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 co	oncerning this matter to:			
J. KEVIN DRAKE, E	SQ.			
(Contact Person)			
J. KEVIN DRAKE, P	'. A .			
(Firm/Company)			
1432 FIRST STREE	r			
(Address)				
SARASOTA, FLORID	A 34236			
(City/State and Zip	Code)			
For further information concerning	this matter, please call:			
J. KEVIN DRAKE, ESQ.	941 954-7750 at (
(Name of Contact Person)				
Enclosed please find a check made \$\subset\$ \$	payable to the Florida Department of State for: ### \$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			

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 is	appears on the records of the Florida Dep. OPERS II, L.L.C.	artmer	nt	
2. The Florida doc: L15000091187	ument/registration number assig	med to this limited liability company is:			
JERRY BANKS		ed or will withdraw/resign is:			
(Print N	ame of Person Resigning) (Print Title)	, nereby withdraw/resign as a			
of this limited lial resignation in wr	pility company and affirm the listing.	mited liability company has been notified	·	1	
Signature of Di	Banks ssociating Member or Resigning	g Manager	2023 HAY 17	,	
	\$25.00 (Required) \$30.00 (Optional)	(((H23000183303.3)))	84 9: 49		