L15000 1644FL

(F	Requestor's Name)				
(A)	Address)				
(<i>p</i>	Address)	<u> </u>			
(0	City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL			
(E	Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of	Status			
Special Instructions to Filing Officer:					

Office Use Only



000277034380

09/17/15--01004--008 **25.00



SEP 1 8 2015 J SHIVERS

COVER LETTER

Division of Corporations					
SUBJECT: Royal Oak Resort and Golf	Club, LLC				
(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:				
Frank Johnson, Jr					
(Contact Person)	·	-			
Royal Oak Resort and Golf Club, LLC					
(Firm/Company)		-			
2180 Country Club Dr #110					
(Address)	, , , , , , , , , , , , , , , , , , ,	_			
Titusville, FL 32789					
(City/State and Zip Code)					
For further information concerning this matt	er, please call:				
Frank Johnson Jr	228 at (233-4493			
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)			
Enclosed please find a check made payable t \$\begin{align*} \begin{align*} \begi		Department of State for: Fee & Certified Copy			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327			

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle Tallahassee, Florida 32301

TO: Registration Section



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 al Oak Resort and Golf Clu	it appears on the records of the	Florida I	Departr	ment
2. The Florida doct		signed to this limited liability c	ompany i	is:	
4. I, David Dicioc	cio	gned or will withdraw/resign is, hereby withdraw/resign a		,	
		e limited liability company has	been noti	697)	îmy
Signature of Di	ssociating Member or Resign	ning Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				