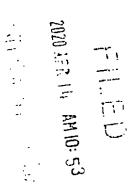
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COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: INTERNATIONAL F	HOME RESORT, LLC
(Name o	of Limited Liability Company)
The enclosed member, resignation or d	issociation and fee(s) are submitted for filing.
Please return all correspondence concer	rning this matter to:
Alan T. Hawkins	
(Contact Person)	
Independent Law PLLC	
(Firm/Company)	
2106 NW 4th Place	·
(Address)	
Gainesville, FL 32603	
(City/State and Zip Code)	
For further information concerning this	matter, please call:
Alan T. Hawkins, Esq.	at (_352) 353-4048
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made pay	able to the Florida Department of State for:
\$25 Filing Fee ■	☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
rananassee, FL 32314	Tallahassee, FL 32303



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
	ERNATIONAL HOME RESORT, LLC
2. The Florida docu	iment/registration number assigned to this limited liability company is:
L15000106	136
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: April 9, 2020
	ANDRE LEONE DE SA , hereby withdraw/resign as a ame of Person Resigning)
	UTHORIZED PERSON . (Print Title)
of this limited lial resignation in wri	pility company and affirm the limited liability company has been notified of my ting.
Saw Andl	ssociating Member or Resigning Manager
/ Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)