## L15000106760

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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K. SALY FEB 1 4 2017

## COVER LETTER

	stration Section sion of Corporations			
SUBJECT:	VillaDirect Real Estate Sales			
	(Name of Limi	ited Liability Con	npany)	
The enclose	d member, resignation or dissocia	ation and fee(s	a) are submitted for filing.	
Please return	n all correspondence concerning	this matter to:		
Stefanie V	aught			
····	(Contact Person)		_	
VillaDirect	Real Estate Sales LLC			
	(Firm/Company)		_	
1420 Celel	bration Boulevard, Suite 109		_	
	(Address)			
Celebration	n, FL 34747		_	
	(City/State and Zip Code)	-	_	
For further information concerning this matter, please call:				
Stefanie V	aught	321	293-8414	
(1	Name of Contact Person)	(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				
Registration Division of Clifton Buil 2661 Execu	Corporations	,	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)

	limited liability company as it appears on the records of the Florida Department  Direct Real Estate Sales
2. The Florida docu L15000106760	ment/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
Dominia Diale	ering, hereby withdraw/resign as a
MGR	
	(Print Title)
of this limited lial resignation in wri	pility company and affirm the limited liability company has been notified of my ting.
Signature of Di	ssociating Member or Resigning Manager
	\$25.00 (Required) \$30.00 (Optional)