## 115000119005

(Requestor's Name)				
(Address)				
(Address)				
(City/	State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Fi	iling Officer:			
Inact				

Office Use Only



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CR2E079 (2/14)

TO: Registration Section Division of Corporations
SUBJECT: Florinada Bay Management Service. (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:
David P Kendig (Contact Person)
(Firm/Company)
52004 Florinada Bay
Bayton Beach Fl 33436 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (865) 771 - 888 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\sumset\$ \$\\$\\$25 \text{ Filing Fee} \sumset\$ \$\\$\\$55 \text{ Filing Fee & Certified Copy}
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



## 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 t	he limited liability company	as it appears on the re-	cords of the Florida De	epartment
of State is:	Florinada Ba	y Managene	ut Services,	LLC.
2. The Florida de	ocument/registration number	r assigned to this limite	ed liability company is	:
L150	000 119005	·		
3. The date this i	member/manager withdrew/	resigned or will withdr	aw/resign is: $9-2$	10-16
_	A P. Kendia Name of Person Resigning)			
AM	BR (Print Title)	J.		
of this limited resignation in	liability company and affirm writing.	the limited liability co	ompany has been notifi	ed of my
Dail	1/2		_	
Signature of	Dissociating Member or Re	signing Manager	<u> </u>	⊋
			STATISTICAL CITY CONTRACTOR CITY CONTRACTOR CITY CITY CITY CITY CITY CITY CITY CITY	γς (γς ) <b>6</b> (γς )
Filing Fee:	` •			9
Certified Copy:	\$30.00 (Optional)		, g	30