L15000125489

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: FOX TOT			
(Name of Limited Liability Company)			
The enclosed member, resignation or dissociation and feed	s) are submitted for filing.		
Please return all correspondence concerning this matter to:			
Deane Bowen Fox (Contact Person)			
(Contact Person)	_		
FOX TO TAL HOME (Firm/Company)	_		
(Firm/Company)	_		
25213 Aysen Drive	_		
	_		
Punta Gorda. FL 3398	3		
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Deane B. Fox at 941	,249-2643		
(Name of Contact Person) (Area Code	& Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida II \$25 Filing Fee	Department of State for: Fee & Certified Copy		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	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)

1. The name of the limited liability company as it appears of	•
of State is: FOX TOTAL HO	ME
2. The Florida document/registration number assigned to this L15000125489	, ,
3. The date this member/manager withdrew/resigned or will	withdraw/resign is: TAN 1.2018
4. I, New Langer erg, hereby (Print Name of Person Resigning), hereby	y withdraw/resign as a
Project Manager (Prini Title)	
of this limited liability company and affirm the limited liab resignation in writing.	oility company has been notified of my
- 1 may	
Signature of Dissociating Member or Resigning Manage	y
<i>\('</i>	

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)