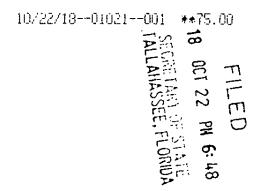
## 115000159770

(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 Filing Officer:					

Office Use Only



100319824071



OCT 3 1 2018 S. YOUNG

## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJ	ECT: FLORIDA MANUFACTURE	D HOME SA	LES, LLC	
		nited Liability Cor	npany)	
The en	nclosed member, resignation or dissoc	iation and fee(s	a) are submitted for filing.	
Please	return all correspondence concerning	this matter to:		
JAM	ES R. MORRISON			
	(Contact Person)	<u> </u>	_	
FLO	RIDA MANUFACTURED HOME SA	ALES, LLC		
-	(Firm/Company)	·	_	三名 6
2374	8 EAST COLONIAL DRIVE			題門
	(Address)		-	22 22
CHR	ISTMAS, FL 32709			PM 6: 48 E.FLORIU
	(City/State and Zip Code)		_	ORIGINAL SE
For fu	rther information concerning this matt	er, please call:		Bir W
JAMI	ES R. MORRISON	407	509-8262	
	(Name of Contact Person)	_ · · · \	& Daytime Telephone Numb	per)
	sed please find a check made payable in Filing Fee		Department of State for: g Fee & Certified Copy	
	ET/COURIER ADDRESS:		MAILING ADDRESS:	
-	ration Section on of Corporations		Registration Section Division of Corporations	
	n Building		P.O. Box 6327	
2661	Executive Center Circle tassee, Florida 32301		Tallahassee, Florida 32314	4

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 th	e limited liability company as i	it appears on the records of the Florid	la Department	1
of State is:	ORIDA MANUFACTURED H	HOME SALES, LLC		
2. The Florida doi L150001597		signed to this limited liability compar	ny is:	
3. The date this m	ember/manager withdrew/resig	gned or will withdraw/resign is: 10	15/2018	
ROBERT F	ROLL WARE II	·	<b>.</b>	
(Print	Name of Person Resigning)	, hereby withdraw/resign as a		
MANAGING	MEMBER			
<del></del>	(Print Title)			
of this limited li- resignation in w	ability company and affirm the riting.	limited liability company has been n	oriffichof wy	
loket S.	Bonlutoire I		OCT 22 RETANY AHASSE	
Signature of D	issociating Member or Resigni	ing Manager	EE, F.	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		# 6: 48 STATE FLORIDA	