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COVER LETTER

TO: Registration Section		
Division of Corporations		
SUBJECT: DUVAL HOMES REAL ESTATI	E, LLC	
(Name of Limited	Liability Com	ipany)
The enclosed member, resignation or dissociation	on and fee(s)) are submitted for filing.
Please return all correspondence concerning this	matter to:	
CLAY JONES		
(Contact Person)		-
DUVAL HOMES REAL ESTATE, LLC		
(Firm/Company)		•
PO BOX 440240		
(Address)		•
JACKSONVILLE, FL 32222		
(City/State and Zip Code)		•
For further information concerning this matter, p	olease call:	
CLAY JONES	904	483-6490
(Name of Contact Person)	\ <u></u>	& Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee		Pepartment of State for: Fee & Certified Copy
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Registration Section		Registration Section
Division of Corporations		Division of Corporations P.O. Box 6327
Clifton Building 2661 Executive Center Circle		Tallahassee, Florida 32314

Tallahassee, Florida 32301

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 F	lorida De	partm	ent
2. The Florida docu	•	ssigned to this limited liability cor	mpany is:		
4. I, ROBERT CA	LISTRI ame of Person Resigning)	igned or will withdraw/resign is:	a		ny
Signature of Di	ssociating Member or Resign	ning Manager	SHOLE	+10	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				