(Re	questor's Name)			
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COVER LETTER

Division of Corporations	
Heron House Apartments of Stei	nhatchee, LLC
(Name of Limited L	iability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this i	natter to:
Ray Curtis	
(Contact Person)	
The Curtis Law Firm, P.A.	
(Firm/Company)	
103 N Jefferson Street	,
(Address)	
Perry FL 32347	
(City/State and Zip Code)	ALL:
For further information concerning this matter, pl	ease call:
Ray Curtis	ease call: 850 584.5299 Area Code & Daytime Telephone Number)
	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
— 1-1-1 · · · · · · · · · · · · · · · · ·	
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	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 on the records of the	Florida Department
of State is:	on House Apartments of S	teinhatchee, LLC.	·
2. The Florida docu	ument/registration number as	ssigned to this limited liability co	ompany is:
L1500020045	4		
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is:	11/16/2016
4. I, Floyd Cream	er	, hereby withdraw/resign as	s a
	ame of Person Resigning)		
Member			
	(Print Title)		
of this limited lia resignation in wr	• • •	e limited liability company has l	peen notified of my
The	of Coamer.		FI SECRET FALLAHI
Sinter	The state of the s		E C
Signature of Di	ssociating Member or Resig	ning wanager	TARY OF R
Filing Fee:	\$25.00 (Required)		STATE LOND
Certified Copy:	\$30.00 (Optional)		音景 只