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COVER LETTER

	Division of Corporations					
	SUBJECT: MILLS CASA DEVELOPMENTS LLC (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:					
بر چاره د په خميرو	Scott MILLS (Contact Person)					
	MIUS CASA DEVELOPMENTS LLC (Firm/Company)					
	2811 ALTON DIVE (Address)					
	KISSIMMEE FLOCIDA 34741 (City/State and Zip Code)					
	For further information concerning this matter, please call:					
	SLOTT MILLS at 321 217-2378 (Name of Contact Person): (Area Code & Daytime Telephone Number)					
i Lighted september 2000 - 182 - 184 -	Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\sum \\$55 Filing Fee & Certified Copy					

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

TO: Registration Section

CR2E079 (2/14)

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 the	limited liability con	npany as it app	pears on the rec	cords of the Florida	Department
of State is:	MILLS	CASA	DEVEL	04MENTS	HC.
	ment/registration n かゆるゆりろ			d liability company	vis:
3. The date this me	mber/manager with	drew/resigned	or will withdra	aw/resign is:	1/17
4. I, <u>Jenni</u> -	FCV L Mil ame of Person Resignin	15	, hereby withdi	raw/resign as a	
	BR (Print Title)	*			
of this limited liab resignation in wri	oility company and a ting.	affirm the lim	ited liability co	mpany has been no	tified of my
lenny	& mil)			
	ssociating Member		Manager	-	
•	\$25.00 (Require	•			
Certified Copy:	\$30.00 (Optiona	1)			