# L1600004378Z

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cir	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		

Office Use Only



600287506146

07/22/16--01004--001

\*\*25.00

SECRE MASSFE FLORE

JUL 2 5 2016

S, YOUNG



#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: DAYWOO	DD PROPERTIES-III	, LLC				
(Name of Limited Liability Company)						
The enclosed member, resignation o	r dissociation and fee(	s) are submitted for filing				
Please return all correspondence con	cerning this matter to:					
ERIC HARWOOD, Manager						
(Contact Person)		_				
DAYWOOD PROPERTIES-III, L	LC					
(Firm/Company)		<del>-</del>				
895 Spring park Loop						
(Address)		_				
Celebration, FI 34747						
(City/State and Zip Co	ode)	_				
For further information concerning t	his matter, please call:					
Eric Harwood, Mgr.	321 at (	663-2318				
(Name of Contact Person)	(Area Code	e & Daytime Telephone Nu	mber)			
Enclosed please find a check made p \$25 Filing Fee		Department of State for: g Fee & Certified Copy				

#### STREET/COURIER ADDRESS:

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

CR2E079 (2/14)

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 IALLAGACTETT





### 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)

	nited liability company as i	t appears on the records of the Florida Departn	ග
2. The Florida docum L16000043782	ent/registration number ass	igned to this limited liability company is:	JUL 22 PM
Holliday-Harwo	ood Family Trust	gned or will withdraw/resign is:	3: 00 
4. 1,(Print Nam	e of Person Resigning) y-Harwood, Trustee	, hereby withdraw/resign as a	
		limited liability company has been notified of	my
Signature of Disso	ociating Member or Resign	Tristee ing Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		