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D. BRUCE Mar 1 4 2017

## **COVER LETTER**

SUBJECT: EHOF Reunion Signature Esta			
(Name of Limited	Liability (	Company)	
The enclosed member, resignation or dissociation	on and fe	e(s) are submitted	for filing.
Please return all correspondence concerning this	s matter t	o:	
James Bagley			
(Contact Person)			
(Firm/Company)			
1061 Nash Drive			7AL 20
(Address)		<del></del>	
( · iaai 000)			WAR AHAS
Celebration, FL 34747			SSEE.
(City/State and Zip Code)		<del></del>	ਹ ਜ਼ਿਵ
For further information concerning this matter,	please ca	11:	P 3: 3 <b>5</b> If STAIL FLORIDA
James Bagley	407	566-7171	
(Name of Contact Person)	\	de & Daytime Tel	ephone Number)
Enclosed please find a check made payable to the	ne Florida	Department of S	State for:
• • •		ing Fee & Certific	
STREET/COURIER ADDRESS:		MAILING A	DDRESS:
Registration Section		Registration S	
Division of Corporations Clifton Building		Division of C P.O. Box 632	-
2661 Executive Center Circle		Tallahassee, F	
Tallahassee, Florida 32301		<b></b>	<del></del>

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	e limited liability company as	it appears on the records of the	Florida Departi	nent
of State is: EHC	OF Reunion Signature Esta	ites, LLC	<del></del>	<u></u> .
2. The Florida doc	cument/registration number as	signed to this limited liability co	ompany is:	
L1600004558	33			
3. The date this member/manager withdrew/resigned or will withdraw/resign is:			3/7/2017	
4. I,Bagle		, hereby withdraw/resign as	s a	
(Print)	Name of Person Resigning)			
Member	_			
	(Print Title)			
of this limited lia resignation in w		e limited liability company has l	2017 NAR SECRETA	my
Signature of D	Pissociating Member or Resign	ning Manager	13 P 3 RAY OF STA	
	\$25.00 (Required)		품을 🐱	
Certified Conv	\$30.00 (Ontional)		~~```' വ	