

L16000051316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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MAR 23 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FOUR MILE COVE GP, 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:

Michael E. Workman, Esq.

(Contact Person)

Clark, Campbell, Lancaster & Munson, P.A.

(Firm/Company)

500 S. Florida Ave., Suite 800

(Address)

Lakeland, FL 33801

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael E. Workman, Esq.

(Name of Contact Person)

at (863) 647-5337

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

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

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 company as it appears on the records of the Florida Department of State is: FOUR MILE COVE GP, LLC
2. The Florida document/registration number assigned to this limited liability company is:
L16000051316
3. The date this member/manager withdrew/resigned or will withdraw/resign is: March 30, 2017
4. I, Keystone Senior Investments IV, LLC, hereby withdraw/resign as a
(Print Name of Person Resigning)
Manager
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

By:  David M. Kingen, Manager
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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TALLAHASSEE, FLORIDA