L16000065481

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16 NOV 28 AM II: 46 DIVISION OF CONFORMATIONS

O SIMMONS DEC 0 1 2016

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Mills Paric Really 1100 (Name of Limited Liability Con	npany)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:	
Tommy Fry (Contact Person)	-
Mills Park Realty 16C	-
1430 N. Mills Ave #120 (Address)	_
Mando, FL 32803 (City/State and Zip Code)	-
For further information concerning this matter, please call:	
10mm Fry at (407 (Name of Contact Person) (Area Code	2 492 8615 & Daytime Telephone Number
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$55 Filing	Department of State for: Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



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)

	,			•		
	e limited liability company	as it appear	s on the records of	the Florida Dep	•	
2. The Florida doc	nument/registration number	r assigned to	this limited liabilit	y company is:	15 To	-
L16000	045481			•	16 NOV 20	1
4.1. Veronica	ember/manager withdrew/i Ed WaydS Vame of Person Resigning)		will withdraw/resign		16 🕾 -	د
_Ambr	(Print Tille)			,	ORS .	<u>.</u>
of this limited lis resignation in wr	bility company and affirm iting.	the limited	liability company h	as been notified	d of my	
Signature of D	a Suraid issociating Member or Res) Signing Man	ager			
Filing Fee: Certifled Copy:	\$25.00 (Required) \$30.00 (Optional)					•