LIL 000092990

(Re	questor's Name)			
	dress)	 -		
(nu	uressy			
(Ad	dress)			
(Cit	ty/State/Zip/Phon	ne #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Na	me)		
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				





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#¥25.00 *****¥25.00



COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Four Directions + (Name of Limite	d Liability Company)			
The enclosed member, resignation or dissociati	on and fee(s) are submitted for filing.			
Please return all correspondence concerning th	is matter to:			
Erika Thompson (Contact Person)				
Four First Nation t	tomes LLC			
894 Bloomingdale Rd				
BUSOM V 14017 (City/State and Aip Code)				
For further information concerning this matter, please call:				
Erika Thompson (Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed please find a check made payable to				
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 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)

	limited liability company as		s of the Florida Department
of State is:	our Directions	Homes, LLC	
2. The Florida docu	iment/registration number as	ssigned to this limited lia	bility company is:
L 1600	0092990	- -	
3. The date this me	mber/manager withdrew/res	igned or will withdraw/re	esign is: 6,1,2]
	(10 S)(100) ame of Person Resigning)		
Tiffe	Print Title)		
of this limited liab	oility company and affirm th	e limited liability compa	ny has been notified of my
Morre	Jon		
Signature of Di	ssociating Member or Resig	ning Manager	FIL 2021 JUN -9 SECRETARY TALLAHA
Filing Fee:	\$25.00 (Required)		
	\$30.00 (Optional)		-9 HXX
			SSE A M
			ANIO: