## 116000153299

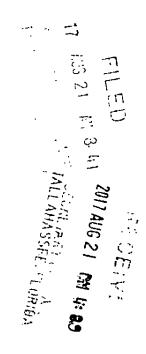
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100302702831

08/22/17--01004--017 \*\*25.00



D SCOTT AUG 2 4 2017

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: EDGEHILL TER 2, LLC	
(Name of Limited Liability (	Company)
The enclosed member, resignation or dissociation and fe	re(s) are submitted for filing.
Please return all correspondence concerning this matter t	to:
ISRAEL COLON	
(Contact Person)	
EDGEHILL TER 2, LLC	
(Firm/Company)	
23238 HARTLEY AVE	
(Address)	
PORT CHARLOTTE, FL 33954	
(City/State and Zip Code)	<del></del>
For further information concerning this matter, please ca	all:
ISRAEL COLON 941	623-3756
(Name of Contact Person) (Area Co	ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Florid  \$\begin{align*} \begin{align*} a	ling 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

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)

	limited liability company a	s it appears on the records of th	ne Florida Department
2. The Florida doc L1600015329	<u> </u>	assigned to this limited liability	company is:
MADIZAMA	DDIC	signed or will withdraw/resign, hereby withdraw/resign	
of this limited lia resignation in wr		he limited liability company ha	is been notified of my
Filing Fee:	ssociating Member or Resignations (Required) \$30.00 (Optional)	gning Manager	