11600157348

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

Office Use Only



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O SIMMONS DEC 29 2016



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 19, 2016

DEAN ROSE 2870 BERAN LN MALABAR, FL 32950

SUBJECT: AR LAND DEVELOPMENT LLC

Ref. Number: L16000157348

2016 DEC 27 PH 4: 40
SECRETARY OF STATE
SECRETARY O

We have received your document for AR LAND DEVELOPMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please indiacte the date member/manager resigned from entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 316A00026923

www.sunbiz.org

COVER LETTER

-	ion of Corporations		
SUBJECT:	AR Land Development Li	_C	
SUBJECT:	(Name of l	Limited Liability Cor	mpany)
The enclosed	l member, resignation or diss	ociation and fee(s	s) are submitted for filing.
Please return	all correspondence concerni	ng this matter to:	
Dean Rose	:		
	(Contact Person)		_
AR Land D	evelopment LLC		
	(Firm Company)		··-
2870 Berar	ı Lane		
	(Address)	.s	_
Malabar, Fl	orida 32950		
	(City State and Zip Code)		_
For further is	nformation concerning this m	atter, please call:	
Dean Rose	•	321	403-5048
(N	ame of Contact Person)		& Daytime Telephone Number)
Enclosed ple \$25 Filing	ase find a check made payab g Fee		Department of State for: g Fee & Certified Copy
Registration Division of C Clifton Build 2661 Execut	Corporations		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)

1. The name of the of State is:	•	appears on the records of the Florid	a Department	
2. The Florida docu L16000157348		ned to this limited liability compar	ny is:	
4. I, Randy Rose	nber/manager withdrew/resigne	ed or will withdraw/resign is: <u>01</u> _, hereby withdraw/resign as a	Dec 2016	
MGR				
- COCO	ility company and affirm the linging. Company and affirm the linging. Sociating Member or Resigning	mited liability company has been r	of DEC 27 PN 1: 45	TI TI TI
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		<u> </u>	