

L16000159001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

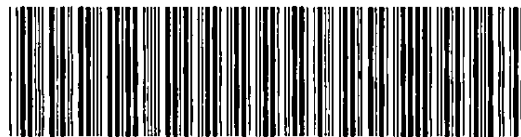
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



400301111874

00/10/17--01029--015 **55.00

FILED
2017 JUL 10 AM 11:02
TALLAHASSEE, FL
SECRETARY OF STATE

JUL 13 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOJOURN Heritage 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:

GRAYLYN Swilley Woods
(Contact Person)

SOJOURN Heritage LLC
(Firm/Company)

905 Brickell Bay Dr #1921
(Address)

Miami Florida 33131
(City/State and Zip Code)

For further information concerning this matter, please call:

GRAYLYN Swilley Woods at (305) 431-5119
(Name of Contact Person) (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: SO JOURN Heritage LLC

2. The Florida document/registration number assigned to this limited liability company is:

L 16000 159001

3. The date this member/manager withdrew/resigned or will withdraw/resign is: June 26, 2017

4. GRAYLYN SWILLEY WOODS hereby withdraw/resign as a
(Print Name of Person Resigning)

MGR
(Print Title)

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

Graylyn Swilley Woods
Signature of Dissociating Member or Resigning Manager

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

FILE
2017 JUL 10 AM 11:09
TALLAHASSEE, FL 32302