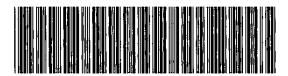
116000218927

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Ći	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	



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SEGRETARY OF STATE TALLAHASSEE, FLORIDA

BLINOVIS AND: SO

Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Wood Real Es	tate Development LL Liability Company)
The enclosed member, resignation or dissociatio	n and fee(s) are submitted for filing.
Please return all correspondence concerning this (Contact Person)	matter to:
(Firm/Company) 37 Emerson Road (Address)	
Brookville UT 11.	545
For further information concerning this matter, p	lease call:
(Name of Contact Person) at	(S16) S21-9034 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to th	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

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)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	Jood Real Estate Development LLC
2. The Florida docu	iment/registration number assigned to this limited liability company is
L160	00218927 SSE 2
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4. I, Diane	ame of Person Resigning), hereby withdraw/resign as a
Membe	(Print Title)
of this limited lial resignation in wri	bility company and affirm the limited liability company has been notified of my ting.
Diane	Wood
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)