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(Requestor's Name)				
(Address)				
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(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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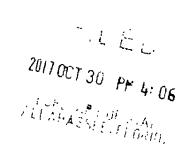
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUB.	F & F RANCH LLC		
		Limited Liability Co	mpany)
The e	enclosed member, resignation or diss	ociation and fee(s) are submitted for filing.
Please	e return all correspondence concerni	ng this matter to:	
FRA	NK MCSHANE		
	(Contact Person)		-
F&1	F RANCH LLC		
	(Firm/Company)		_
5825	S SW SAVAGE STREET		
	(Address)		_
PALI	M CITY, FLORIDA 34990		
	(City/State and Zip Code)		_
For fi	urther information concerning this m	atter, please call:	
FRA	NK MCSHANE	772 at (370-4144
	(Name of Contact Person)		2 & Daytime Telephone Number)
	osed please find a check made payabl 5 Filing Fee		Department of State for: g Fee & Certified Copy
	EET/COURIER ADDRESS:		MAILING ADDRESS:
	tration Section ion of Corporations		Registration Section Division of Corporations
	on Building		P.O. Box 6327
2661	Executive Center Circle		Tallahassee, Florida 32314
Tallal	hassee, Florida 32301		

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)

The name of the limited liability company as it appears on the records of the Florida Department of State is:
2. The Florida document/registration number assigned to this limited liability company is: L16000233727
3. The date this member/manager withdrew/resigned or will withdraw/resign is:
4. 1. FRANK FORTE, hereby withdraw/resign as a
MANAGER
(Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Dissociating Member or Resigning Manager
Filing Fee: / \$25.00 (Required) Certified Copy: \$30.00 (Optional)