

L1700000 20701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

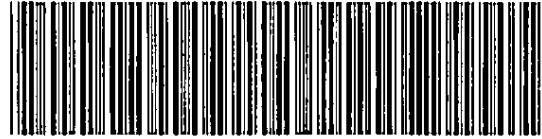
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400352853744

10/05/20--01030--020 **25.00

S TALLENT

NOV 14 2020

2020 OCT -5 AM 9:05

Ass/RSH
M/M

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Happy Traveler RV Resort, 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:

Andrew L. Reiff, P.A.
(Contact Person)

Andrew L. Reiff, P.A.
(Firm/Company)

135 W. Central Blvd., Suite 730
(Address)

Orlando, FL 32816 32801
(City/State and Zip Code)

For further information concerning this matter, please call:

Andrew L. Reiff at (407) 423-8183
(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

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



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: Happy Traveler RV Resort, LLC

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

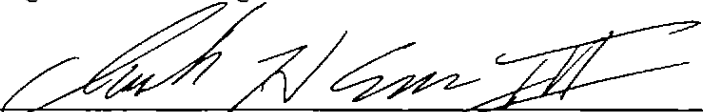
L17000020701

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10-2-2020

4. I, Charles H Evans III, hereby withdraw/resign as a
(Print Name of Person Resigning)

Manager member
(Print Title)

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

X 
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)