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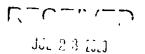
(Re	questor's Name)				
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PICK-UP	☐ WAIT	MAIL			
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(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

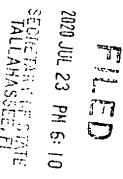
Office Use Only



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D. BRUCE SEP 13 2020

#### **COVER LETTER**

_	stration Section sion of Corporations				
SUBJECT:	Grand Land Acquisitions Ll	LC			
(Name of Limited Liability Company)					
The enclosed	d member, resignation or dissoc	ciation and fee(s)	) are submitted for fi	ling.	
Please return	n all correspondence concerning	g this matter to:			
Donovan D	)ungan ·				
	(Contact Person)		-		
Grand Land	d Acquisitions LLC				
	(Firm/Company)		•		
324 Nichola	as Parkway West, Unit D 33	991			
	(Address)		•		
Cape Cora	l, Florida 33991				
	(City/State and Zip Code)		-	20: 10: 20:	
For further in	nformation concerning this mat	tter, please call:		P IL 2020 JUL 23 SESKEJARO TALLAHA	
Donovan D	)ungan <b>g</b>	239 at (	549-5554	(3)	
(N	lame of Contact Person)	(Area Code	& Daytime Telephone	Number) -	
Enclosed ple  ■ \$25 Filing	ease find a check made payable g Fee		epartment of State for Fee & Certified Cop	•	

#### 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

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)

	limited liability company as ind Land Acquisitions, LLC	it appears on the records of the Florida	Department
2. The Florida docu L15000087083	•	signed to this limited liability company	vis:
4. I. Michael Rifai  (Print N  Member/Mana	ame of Person Resigning)	gned or will withdraw/resign is: hereby withdraw/resign as a	SECRETARY OF STATE OF A STATE OF STATE
resignation in wri	ssociating Member or Resign	limited liability company has been no ing Manager	otified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		