L17000107973

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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WEY 04 2019

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: GOLDEN VIEW RANCH, LLC

SUBJECT:

(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:

FRANK BRITO

(Contact Person)

(Firm/Company)

3241 SHARON RD

(Address)

GROVELAND, FL 34736

(City/State and Zip Code)

For further information concerning this matter, please call:

 FRANK BRITO
 352
 557-8617

 (Name of Contact Person)
 (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: 2 \$25 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

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)

- 1. The name of the limited liability company as it appears on the records of the Florida Department of State is: ______GOLDEN VIEW RANCH, LLC \approx
- 2. The Florida document/registration number assigned to this limited liability company is: L17000107973
- 3. The date this member/manager withdrew/resigned or will withdraw/resign is: _____
- 4. I. _____

DAIOMARA S PEREZ_____, hereby withdraw/resign as a (Print Name of Person Resigning)

MANAGER

(Print Title)

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

Heufun / fun (Signature of Dissociating Member or Resigning Manager

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

\$25.00 (Required)