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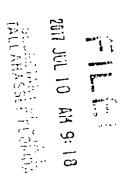
(Re	questor's Name)	-
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL.
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer;	
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Office Use Only



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W. Appleage

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Shady Lane Propertie	S LLC
,	
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:	
Beth A Kulick (Contact Person)	-
(Firm/Company)	-
2581 Lakeview Dr (Address)	-
Sebring, FL 33870 Grity/State and Zip Code)	-
For further information concerning this matter, please call:	
Reth A Kulick at (352 (Name of Contact Person) (Area Code) <u>28 3 - 6 334</u> & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D	,
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	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:S	hady Lane Pro	operties LLC	·
	•	assigned to this limited liability ed	ompany is:
_ h170c	0133554		
3. The date this me	mber/manager withdrew/r	esigned or will withdraw/resign is:	6/16/2017
4.1. Andrew		, hereby withdraw/resign as	' '
_AR	(Print Title)		
of this limited lia resignation in wr	iting.	the limited liability company has b	Deen_notified_of my
Signature of Di	ssociating Member or Res	igning Manager	SECTION OF
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		