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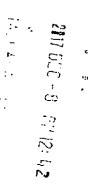
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J. HARRIS

COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT: GATORVILLE TERRITORIAL TRUST 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:
Dorothy Wilson (Contact Person)
GATORVIlle TERRITORIA TRUST LLC
P.O. Bay 324 (Address)
ElfeRS 7/A. 34680 (City/State and Zip Code)
For further information concerning this matter, please call:
Dokothy Wilson at (727) 817-0829 (Name of Contact Person) (Area Code & Daytime Telephone Number
Enclosed please find a check made payable to the Florida Department of State for: \$\sim\$ \$\\$55\$ Filing Fee & Certified Copy
STREET/COURIER ADDRESS: MAILING ADDRESS:

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

CR2E079 (2/14)

Registration Section

Clifton Building

Division of Corporations

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)

		s it appears on the records of	the Florida Department
of State is:	HORVILLE TERRITO	Rial TRUST LLC	·
2. The Florida docu	iment/registration number a	assigned to this limited liabili	ty company is:
L 17000	175793		
3. The date this me	mber/manager withdrew/re	signed or will withdraw/resig	n is: <u>//-27-201</u> 7
4.1. WANDER	Suffer ame of Person Resigning)	, hereby withdraw/resig	
Authorize	ed Member. (Prim Title)		
of this limited lial resignation in wri		he limited liability company l	nas been notified of my
words			
Signature of Di	ssociating Member or Resi	gning Manager	
			2
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		
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