

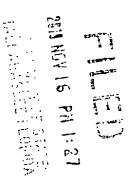
(Requestor's Name)					
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D. BRIJCE DEC 01 2018

## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, Florida 32301

CR2E079 (2/14)

TO:

В	orden Improvements L	.LC		
SUBJECT: (Name of Limited Liability Company)				
The enclosed m	nember, resignation or di	ssociation and fee(s	) are submitted for filing.	
Please return al	l correspondence concern	ning this matter to:		
Brien Borden				
	(Contact Person)		_	
Borden Impro	vements LLC		74 74	
	(Firm/Company)		= 	
1850 Lee Roa	ad, Suite 313		200 200 200 200	
	(Address)		- 21 2.	
Winter Park, f	FL 32789		15. 4.	
<del></del>	(City/State and Zip Code)		_	
For further info	rmation concerning this	matter, please call:		
Brien Borden		303	475 2478	
(Nam	e of Contact Person)	·····	& Daytime Telephone Number)	
Enclosed please ☐ \$25 Filing F	e find a check made paya ee		Department of State for: Fee & Certified Copy	
STREET/COU Registration Se	FRIER ADDRESS:		MAILING ADDRESS: Registration Section	
Division of Corporations			Division of Corporations	
Clifton Buildin 2661 Executive	_		P.O. Box 6327 Tallahassee, Florida 32314	



## 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 th	ne Florida Department	
of State is:	len Improvements, LLC		·	
2. The Florida doct	ument/registration number ass	signed to this limited liability	company is:	
3. The date this me	mber/manager withdrew/resi	gned or will withdraw/resign	is:	
4. I. Paula Borden (Print Name of Person Resigning)		, hereby withdraw/resign as a		
Manager				
	(Print Title)			
resignation in wr	bility company and affirm the iting.	: limited liability company ha	s been notified of my	
Signature of Di	ssociating Member or Resign	ing Manager	FII 1:27	
_	\$25.00 (Required) \( \square \) \$30.00 (Optional)		27	