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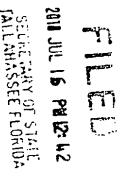
(Requestor's Name)						
(Address)						
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PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates	of Status				
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n RRUCE JUL 25 2018

## **COVER LETTER**

SUBJECT: Walkabout Retreat Vacation Rentals, LL (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:
Amy T. Hanson (Contact Person)
Walkabout Retreat Vacation Rentals, LLC Fig. 1
887 Boy Drive
Surrelland Key, 74 33042 (City/State and Zip Code)
For further information concerning this matter, please call:
Amy Hounson at (305) 745-4030 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$25.5 \text{Filing Fee}  \text{S55 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

**TO:** Registration Section

Division of Corporations



## 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	-		,		•
of State is: W	alkabout	Redreat	Vacation	Rentals	LLC
2. The Florida doc	ument/registration	number assigne	d to this limited li	ability company is	:
L18	0000 10	478			
3. The date this me	ember/manager wi	thdrew/resigned	or will withdraw/	resign is: <u>Jule</u>	13,2018
4. 1. Timothy (Print )					`
_Mgc	(Print Title)	·			
of this limited lia resignation in wr		d affirm the limi	ted liability comp	any has been notif	•
Jemothy E. Signature of D	Bearley issociating Membe	er or Resigning \	Manager	(T)	
Filing Fee:	•			FLORI	<b>3</b> (1)
Certified Copy:	330,00 (Optio	nar)		D.7.	F.