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(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
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PICK-UP WAIT MAIL			
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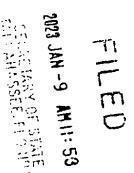
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COVER LETTER

TO: Registration Section **Division of Corporations** FLORIDA FIRST CLASS VILLAS, 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: Dr Klaus Kattkus (Contact Person) Klaus Uwe Kattkus P.A. (Firm/Company) 1217 cape coral pkwy E #306 (Address) Cape Coral FL 33904 (City/State and Zip Code) For further information concerning this matter, please call: Dr. Klaus Kattkus 239 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee ☐ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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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)

	limited liability company as it	appears on the records of the Florida Department
2. The Florida doc L18000010873	ument/registration number assig	gned to this limited liability company is:
Dr. KLAUS UW	F KATTKUS (KATTI FUS.)	ned or will withdraw/resign is:
MGR	(Print Title)	
of this limited lia resignation in wr		imited liability company has been notified of my
Signature of D	issociating Member or Resignir	ig Manager
Filing Fce: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	