

L180000050555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

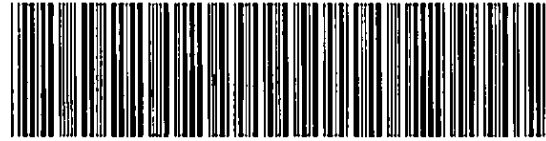
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

D. BRUCE
FEB 11 2019

Buchanan Ingersoll & Rooney PC

Leslie Wager Hudock
813 222 3376
leslie.hudock@bipc.com

SunTrust Financial Centre
401 E. Jackson Street, Suite 2400
Tampa, FL 33602-5236
T 813 222 8180
F 813 222 8189
www.bipc.com

January 31, 2019

VIA UPS

Florida Department of State
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Missing Link Mitigation Preserve, LLC and Second Missing Link Mitigation Preserve, LLC

Ladies and Gentlemen:


Enclosed are the following forms for filing pursuant to Fla. Stat. Section 605.0216, and our check in the aggregate amount of \$50.00 to cover the filing fees:

- (1) Dissociation or Resignation of Member, Manager from Florida or Foreign Limited Liability executed by Jeffery S. Hills in connection with Missing Link Mitigation Preserve, LLC (L18000050555); and
- (2) Dissociation or Resignation of Member, Manager from Florida or Foreign Limited Liability executed by Jeffery S. Hills in connection with Second Missing Link Mitigation Preserve, LLC (L18000157741).

Please date stamp the enclosed copy of this letter and return it to me in the enclosed postage pre-paid envelope provided for this purpose.

Sincerely,

BUCHANAN INGERSOLL & ROONEY PC


Leslie Wager Hudock

LWH/wld
Enclosures

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA



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: Missing Link Mitigation Preserve, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L18000050555


3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/2018

4. I, Jeffery S. Hills, hereby withdraw/resign as a
(Print Name of Person Resigning)

Manager

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.


Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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TALLAHASSEE, FLORIDA