L18000055084

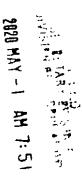
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		

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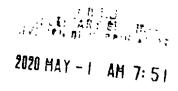
OM 5/19/20

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Affinity Homes Re (Name of Limite	d Liability Company)
The enclosed member, resignation or dissociat	ion and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to:
Ken Seedarnee (Contact Person)	
(Firm Company)	
2025 Vanderbilt Point (Address) Longwood FL 32779 (City/State and Zin Code)	
For further information concerning this matter.	. please call:
Ken Seedarnee (Name of Contact Person)	at (<u>407</u>) <u>782-0615</u> (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303





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: Affinity Homes Realty LLC.
2. The Florida document/registration number assigned to this limited liability company is:
L18000055084
3. The date this member/manager withdrew/resigned or will withdraw/resign is: $\frac{4/1/2020}{}$
4. I. Kenny W Seedarnee , hereby withdraw/resign as a (Print Name of Person Resigning)
Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Lenghalee
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)