L18000059346

(Re	questor's Name)		
•	,		
(Address)			
(Address)			
(Cit	ry/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
(50	cument Number,		
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
· · · · · · · · · · · · · · · · · · ·			

Office Use Only



400310339504

03/14/18--01011--030 **25.00

SECRETARY OF STATE ALLAHASSEE, FLORID

IIB MAR I L AK IN: 3

COVER LETTER

TO: Registration Section

CR2E079 (2/14)

Division of Corporations		•
Floribbean Family Proper SUBJECT:	rties, LLC	
	Limited Liability Co	ompany)
The enclosed member, resignation or diss	sociation and feet	(s) are submitted for filing.
Please return all correspondence concern	ing this matter to	:
Dale D Penick		
(Contact Person)	· · · · · · · · · · · · · · · · · · ·	
(Firm/Company)		_
13401 Wagner Dr		
(Address)		
Hudson, FL 34667		
(City/State and Zip Code)	· · · · · · · · · · · · · · · · · ·	aphropris.
For further information concerning this n	natter, please call	;
Dale D Penick	727 at (505 4202
(Name of Contact Person)		le & Daytime Telephone Number)
Enclosed please find a check made payabase \$25 Filing Fee		Department of State for: ng Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301		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 the Florida Department
of State is:	ibbean Famly Properties,	LLC
2. The Florida docu L18000059340	_	signed to this limited liability company is:
3. The date this me	mber/manager withdrew/resi	gned or will withdraw/resign is:
4. I, Megan Penick (Print Name of Person Resigning)		, hereby withdraw/resign as a
(Print N	ame of Person Resigning)	
Manager		
	(Print Title)	
of this limited lial resignation in wr	bility company and affirm the	e limited liability company has been metried of my
M	Segret Flexik ssociating Member or Resign	SEE, FI
Signature of Di	ssociating Member or Resign	ning Manager PLORIDA
Filing Fee:	\$25.00 (Required)	
Certified Copy:		