

# L18000157741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

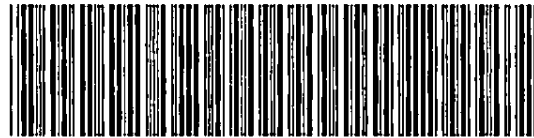
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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STATE OF TEXAS  
FALLASSIST LORIDA

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:

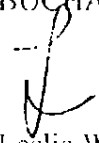
Enclosed are the following forms for filing pursuant to Fla. Stat. Section 605.0216, and our check in the aggregate amount of \$50.00 to cover the filing fees:

- (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 CIRCUIT 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: Second Missing Link Mitigation Preserve, LLC.

2. The Florida document/registration number assigned to this limited liability company is:  
L18000157741.


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 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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2019 FEB - 1 AM 11:26  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS