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COVER LETTER

Division of Corporations				
SUBJECT: 168 EGLIN, LLC.				
(Name of Limited Liability Company)				
The enclosed member, resignation or dissoc	ciation and fee	e(s) are submitted for filing.		
Please return all correspondence concerning	g this matter to) :		
John L. Soileau, Esq.				
(Contact Person)				
Watson, Soileau, DeLeo & Burgett, P.A	•			
(Firm/Company)		_		
3490 North U.S. Highway 1				
(Address)				
Cocoa, FL 32926				
(City/State and Zip Code)		_		
For further information concerning this matter, please call:				
John L. Soileau, Esq.	321 at (631-1550		
(Name of Contact Person)	(Area Coo	le & Daytime Telephone Number)		
Enclosed please find a check made payable				
■ \$25 Filing Fee	□ \$55 Filir	ng Fee & Certified Copy		
STREET/COURIER ADDRESS:		MAILING ADDRESS:		
Registration Section		Registration Section		
Division of Corporations Clifton Building		Division of Corporations		
2661 Executive Center Circle		P.O. Box 6327 Tallahassee, Florida 32314		
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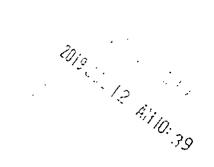
CR2E079 (2/14)

Tallahassee, Florida 32301

TO:

Registration Section





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)

	EGLIN, LLC.	it appears on the records of the Florida Department
2. The Florida doc	ument/registration number ass	signed to this limited liability company is:
L1800017861	1	
3. The date this me	ember/manager withdrew/resi	gned or will withdraw/resign is:
4. I,	<u> </u>	, hereby withdraw/resign as a
	Name of Person Resigning)	, hereby withdraw/resign as a
MGR		
	(Print Title)	
of this limited lia resignation in wr		e limited liability company has been notified of my
Signature of D	issociating Member or Resign	ing Manager
Filing Fee:	\$25.00 (Required)	
	\$30.00 (Optional)	