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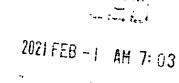
COVER LETTER

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TO:	Registration Section		
Ι	Division of Corporations		
SUBJE	Palm Coast Development Partn	ers	
	(Name o	f Limited Liability (Company)
The encl	osed member, resignation or di	ssociation and fed	e(s) are submitted for filing.
Please re	eturn all correspondence concer	ning this matter t	o:
William C	Dates		
7=	(Contact Person)		
	(Firm/Company)		_ _
5368 Nort	h Ocean Shore Blvd		
	(Address)		
Palm Coas	st Fla		
	(City/State and Zip Code)		
For furth	er information concerning this r	natter, please cal	l:
Lisa Oates		508 at (6882607
	(Name of Contact Person)		le & Daytime Telephone Number)
Enclosed	please find a check made payat	ole to the Florida	Department of State for:
■ \$ 25 Fi	lling Fee		ng Fee & Certified Copy
	ailing Address:		Street Address:
	egistration Section ivision of Corporations		Registration Section
	O. Box 6327		Division of Corporations The Centre of Tallahassee
	Illahassee, FL 32314		2415 N. Monroe Street, Suite 810
	· · · · · · · · · · · · · · · · · · ·		Tallahassee, FL 32303
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CR2E079 (2/14)





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)

	e limited liability company as it appears on the records of the Florida Departmen Coast Develpment Partners
	cument/registration number assigned to this limited liability company is:
3. The date this m	ember/manager withdrew/resigned or will withdraw/resign is: 6/1/20
4. I, Lisa Oates	, hereby withdraw/resign as a Name of Person Resigning)
Lisa Oates	
	(Print Title)
of this limited lia resignation in w	ability company and affirm the limited liability company has been notified of my riting.
Sal.	Oals
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)