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(R	equestor's Name)				
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(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
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## COVER LETTER

_	ion of Corporations		
SUBJECT:	66 Union Springs, LLC		
OODSECT.	(Name of	Limited Liability Co	ompany)
The enclosed	l member, resignation or dis	sociation and fee(	(s) are submitted for filing.
Please return	all correspondence concern	ing this matter to	:
Carlos Harris			
	(Contact Person)	.,,	_
	(Firm/Company)	<del></del>	_
5671Zip Drive			
	(Address)		<del>_</del>
Fort Myers, Fl	. 33905		
	(City/State and Zip Code)		<del></del>
For further in	nformation concerning this r	natter, please call	:
Carlos Harris		239 at (	6918424
(N	ame of Contact Person)		e & Daytime Telephone Number)
Enclosed ple	ase find a check made payat	ble to the Florida	Denartment of State for:
\$25 Filing			ng Fee & Certified Copy
Regis	ng Address: stration Section ion of Corporations		Street Address: Registration Section Division of Corporations
P.O.	Box 6327 hassee, FL 32314		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)

	limited liability company as	it appears on the records of the F	lorida Department
2. The Florida doc L19000090833	ument/registration number as	ssigned to this limited liability cor	npany is:
3. The date this me	ember/manager withdrew/resi	igned or will withdraw/resign is: _	12/1/2019
A. AA		, hereby withdraw/resign as	
<del></del>	(Print Title)		
resignation in wr		e limited liability company has be	en notified of my
Filing Fee: Certified Copy:	•		16 PH S.