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#### **COVER LETTER**

Registration Section Division of Corporations

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to: Elana Davis

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TO:

111 Boardwalk Place Unit 103 (Address)

Ladeira Beach, FLobida 33708

For further information concerning this matter, please call:

Elana Davis at 847, 650-3596

(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: \$55 Filing Fee & Certified Copy □ \$25 Filing Fee

#### STREET/COURTER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (2/14)

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 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)

	limited liability compa		ppears on the records of the Floric	la Department	
2. The Florida doc	,		ned to this limited liability compar	ny is:	
3. The date this me	ember/manager withdres	v/resigne	d or will withdraw/resign is: 10	)-22-1	9
4. I, Ronald	Davis Jame of Person Resigning)		_, hereby withdraw/resign as a		
_MGR	(Print Title)	<del></del> ·			
of this limited lia resignation in wr		m the lin	nited liability company has been r	notified of my	
Lonal	U Davis			<del></del>	
Signature of D	issociating Member or I	lesigning	Manager		
	\$25.00 (Required) \$30.00 (Optional)			13; p. f.	·• . ī