

L19000176265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

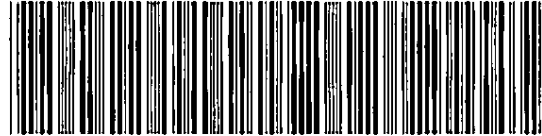
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J. HORNE

OCT 28 2022

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Latitude at Freedom Beacon LLC  
\_\_\_\_\_  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

Sarah Burgess

\_\_\_\_\_  
(Contact Person)

Latitude at Freedom Beacon LLC

\_\_\_\_\_  
(Firm/Company)

PO Box 1735

\_\_\_\_\_  
(Address)

Destin, FL 32540

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sarah Burgess

850 460-8842  
at ( )

\_\_\_\_\_  
(Name of Contact Person)

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FILED  
2022 OCT 28 AM 11:29  
SECRETARY OF  
TALLAHASSEE, FL

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: Latitude at Freedom Beacon LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L19000176265

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/17/22

4. I, Jack R Rhodes, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
Manager / Member  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)