L200000 26112

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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2020 JUL -6 AM 7: O4 SECRETARY OF STATE

D BRUCE AUG 19 2020

COVER LETTER

TO: Registration Section			
Division of Corporations			
Project 164 LLC SUBJECT:			
	ited Liability C	ompany)	
The enclosed member, resignation or dissoci	ation and fee	e(s) are submitted for	r filing.
Please return all correspondence concerning	this matter to	o :	
Mary Kay Haenn			
(Contact Person)			
164 Project LLC			
(Firm/Company)			
164 Skipping Stone Lane			
(Address)		_	
Naples, Florida 34119			20
(City/State and Zip Code)			ECHE
For further information concerning this matter	er, please cal	1:	1020 JUL -6 SEGKETARA TALLAHA
Fred Hoffman	239 at (530-2721	
(Name of Contact Person)	_	de & Daytime Telepho	one Number)
Enclosed please find a check made payable t	o the Florida	Department of State	
■ \$25 Filing Fee	□ \$55 Fili	ng Fee & Certified (Сору
Mailing Address:		Street Address:	
Registration Section		Registration Sect	
Division of Corporations		Division of Corpo	
P.O. Box 6327		The Centre of Tal	lahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 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 company as	it appears on the records of the	: Florida Department
2. The Florida doc	ument/registration number as	ssigned to this limited liability c	company is:
3. The date this me	mber/manager withdrew/resi	igned or will withdraw/resign is	February 1, 2020
I, William Haenn (Print Name of Person Resigning), hereby withdraw/resign as a			
Manager/Owner			
		e limited liability company has	been notified of my
Signature of Di Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	ning Manager	2020 JUL -6 AH 7: SECRETAET OF ST TALLAHASSEEL