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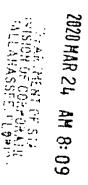
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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(Business Entity Name)				
(Document Number)				
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APR 0 8 2020 S. YOUNG

COVER LETTER

Registration Section

TO:

Division of Corporations BUCKEYE HOMES LLC SUBJECT: (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: PROCESSING DEPARTMENT (Contact Person) MYCORPORATION BUSINESS SERVICES, INC. (Firm/Company) 26025 MUREAU ROAD SUITE 120 (Address) CALABASAS, CA 91302 (City/State and Zip Code) For further information concerning this matter, please call: PROCESSING DEPARTMENT (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: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

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)

BUC	KEYE HOMES LLC	s it appears on the records of the	·
2. The Florida doci	ument/registration number as	ssigned to this limited liability o	company is:
4. 1. JOHN C TORRI (Print N MEMBER	ENCE Tame of Person Resigning) (Print Title) bility company and affirm th	signed or will withdraw/resign i, hereby withdraw/resign a	as a
Filing Fee:	ssociating Member or Resigns \$25.00 (Required) \$30.00 (Optional)	ening Manager	2020 HAR 24 AM 8 N. S. S. G. T. S. T. S. S. S. S. S. S. G. S.