

From: Leslie Perryman  
12/22/21, 11:32 AM

Fax: 14078411200

To:

Fax: (850) 617-6383

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12/22/2021 11:39 AM

Division of Corporations

**L20002164632**  
Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.  
Account Number : 076077001702  
Phone : (407)841-1200  
Fax Number : (407)423-1831

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: mike@galvincompany.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
VOPH LAND ACQUISITION COMPANY, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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S. PRATHER

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TALLAHASSEE, FLORIDA

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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: VOPH Land Acquisition Company, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L20000264632

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/21/21

4. I, Michael Galvin, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
Manager  
(Print Title)

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

A handwritten signature in black ink, appearing to read "Michael Galvin", is written over a horizontal line.

Signature of Dissociating Member or Resigning Manager

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

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