L20000347488

(Requestor's Name)			
(Address)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(Only/State/2/p/Filone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Opecial instructions to 1 ming officer.			

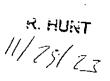




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2023 NOV 29 PH 12: LO



COVER LETTER

TO: Registration Section Division of Corporations		
171VISION OF CONFORMATIONS		
SUBJECT: Grand Oaks Development LLC		
(Name o	f Limited Liability C	Company)
The enclosed member, resignation or dis	ssociation and fee	e(s) are submitted for filing
Please return all correspondence concern	ning this matter to	o:
Mary J Clark		
(Contact Person)		
Grand Oaks Development LLC		
(Firm Company)		_
15948 W County Road 1491		
(Address)		
Alachua, FL 32615		
(City/State and Zip Code)	_	
For further information concerning this	matter, please cal	II:
Mary Clark	352 at (538-1247
(Name of Contact Person)		de & Daytime Telephone Number)
Enclosed please find a check made paya \$\equiv \text{\$\text{S25 Filing Fee}}\$		Department of State for: ing Fee & Certified Copy
Mailing Address:		Street Adaress.
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 TO THE PROPERTY OF T FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability compar	ny as it appears on the records of the Florida Department
of State is: Grand	i Oaks Development LLC	·
2. The Florida doci	ument/registration numb	per assigned to this limited liability company is:
L20000347488		
3. The date this mo	ember/manager withdrev	w/resigned or will withdraw/resign is:
4. I. Zane J. Clan (Print Name of Person Resigning)		, hereby withdraw/resign as a
(Print N	ame of Person Resigning)	
Authorized Meml	ber	
	(Print Title)	·
of this limited lia resignation in wr		m the limited liability company has been notified of my
Jane Signature of Di	Clark issociating Member or R	Resigning Manager
Filing Fee:	\$25.00 (Required)	
	\$30.00 (Optional)	