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S. YOUNG





COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Croff Members of Esplanade LWR 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:
San Ford Seligman (Contact Person)
Golf Members of Esplanade LWR LLC (Firm/Company)
13924 Messina Loop (Address)
Lokewood Ranch Fl 34211 (City/State and Zip Code)
For further information concerning this matter, please call:
Sanford Seligman at (HOY) 538-2422 (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 & 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



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 compan	y as it appears on the	records of th	e Florida	i Departi	nent
	olf Members of					<u></u> .
2. The Florida docu	ument/registration numb	er assigned to this lin	nited liability	company	y is:	
L2000	0368843	·				
3. The date this me	mber/manager withdrew	/resigned or will wit	hdraw/resign	is: <u> [-</u>	<u> 30 - 3</u>	20
4. 1. JeF (Print N	Trey Clark iame of Person Resigning)	, hereby wit	.hdraw/resign	as a		
Manage	(Print Title)					
of this limited lial resignation in wr	bility company and affiniting.	m the limited liability	company ha	s been no	otified of	my
Deffu	COL					
Signature of Di	ssociating Member or R	esigning Manager			2021 J	
	\$25.00 (Required) \$30.00 (Optional)			2-4 2-4	AH -8	•
					PM 5: 30	