L20 000 368843

(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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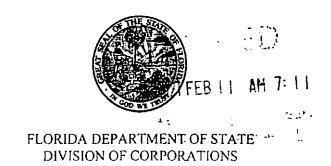
2021 FEB | | AH 7: | |

O SIMMONS APR 0 1 2071

COVER LETTER

	Registration Section Division of Corporations					
SUBJE	CCT: _	GoIF	Members	٥F	Esplonade	LWR, LLC
			(Name	of Lim	ited Liability Con	npany)
The end	closed n	nember, re	esignation or	dissoci	iation and fee(s) are submitted for filing.
Please 1	return al	l correspo	ondence conc	erning	this matter to:	
	Sar	Ford S	eligman			
· <u>-</u>		(C	ontact Person)			-
ᢕ	olf M	embers	of Eso	land	le LWR, L	L C
- <u>-</u> -	-	(Fi	пп/Company)		<u> </u>	-
13	924	Mess,	na Loop (Address)	1		
			(Address)			-
م کلیم (الممعا	Roneh	FI	341	211	
FWILE	2000	(City/S	FI State and Zip Code	e)		-
For furt	ther info	rmation o	concerning thi	is matt	er, please call:	
5,	xw For	a Seli	a man		at (404) 538-2922
	(Nan	ne of Conta	ect Person)		(Area Code) 538-2922 & Daytime Telephone Number)
Enclose	ed pleas	e find a cl	heck made pa	yable 1	to the Florida D	epartment of State for:
\$25	Filing F	ce	_		☐ \$55 Filing	Fee & Certified Copy
	Mailing .	Address:				Street Address:
	Registra	ation Sect				Registration Section
		n of Corp	orations			Division of Corporations
	P.O. Bo		22214			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	i aiiana	ssee, FL 3	02314			Tallahassee, FL 32303

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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	ears on the records of the Florida Department
of State is: Colf Members of Esplana	de LWA, LLC
2. The Florida document/registration number assigned	to this limited liability company is:
L 20000 368 843	
3. The date this member/manager withdrew/resigned of	or will withdraw/resign is: Jan 25, 2021
4. I. Tonathan Bailey (Print Name of Person Resigning)	hereby withdraw/resign as a
Manager (Print Title)	
of this limited liability company and affirm the limit resignation in writing.	ed liability company has been notified of my
9AB9	
Signature of Dissociating Member or Resigning M	lanager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	