L20 000368843

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone	#)		
PICK-UP WAIT	MAIL		
(Business Entity Nam	e)		
(Document Number)			
Certified Copies Certificates	of Status		
Special Instructions to Filling Officer:			
APR 10 Zuzz			

Office Use Only



100382672321

RECENTED
MAR 2.8 Tall

03/29/22--01009--018 **135.00

VO27 MAR 28 PM 3: 37
SECRETARY OF STATE
TALLAHASSEF THE

GOLF MEMBERS OF ESPLANADE LWR LLC

March 14, 2022

THIRD AMENDMENT

The purpose of the supplement and restated amendment of the LLC will enable the withdrawal of Sanford L. Seligman as Managing Member.

The agreement will have the same goal to PROTECT THE RIGHTS AND PRIVILEGES OF THE GOLF MEMBERS OF ESPLANADE LWR LLC.

Golf Members of Esplanade LWR. A Florida Limited Liability Company

John Hermes

Sanford L Seligman

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Golf Members of Egolanade LWR LLC Name of Limited Biability Company
DOCUMENT NUMBER: LOODO 368843
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
John R. Hermes Name of Person
Name of Firm/Company
4610 Devito CT Address
BRASenton FL 34211 City/State and Zip Code
Tohn e John R Hermes. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tohn R. Hermos at (414) 232-237 L Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY QQMIRANYH 3: 3?

SECRETARY OF STATE TALLAHASSEE, FL

Pursuant to the provision	ns of section 605.0115, Florida Statut	es, the undersigned,
Sanfo	ord 1 Seligman	, hereby resigns as
	Name of Registered Agent	
Registered Agent for	Golf Members of	Esplangola LWR. LLC
	Name of Limited Liability Com	pany
1200003688	743	
Document Nu	mber, if known	
A copy of this resignatio	n was mailed to the above listed limi	ted liability company at its last known address.
The agency is terminated	d and the office discontinued on the 3	1st day after the date on which this statement is filed.
	Signature of Resi	ning Agent
If signing on behalf of ar	n entity:	
	Sunford L. Sy Typed or Printed Na	ligman
	Manager Capabity	

FILING FEES:

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company \$ 85.00 \$ 25.00

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314