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July 1

COVER LETTER

Division of Corporations

Williams Investments and Holdings, 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:

Mary Jane Williams
(Contact Person)

Williams Investments and Holdings, LC

5201 Brooks Rd. (Address)

Fort Myers, FL 33905 (City/State and Zip Code)

For further information concerning this matter, please call:

Mary Sane Williams at (239) 823-0617 (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$55 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

TO:

Registration Section



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	y as it appears c	n the records of th	e Florida D	epartment
of State is: Wi	lliams Invest	ments a	nd Holding	s, cc	<u> </u>
2. The Florida docu	nment/registration numbe	τ assigned to th	is limited liability	company is	; :
L21000	081946				
3. The date this me	mber/manager withdrew/	resigned or wil	l withdraw/resign i	is: <u>417</u>	122
4.1, Robert (Print N	Williams ame of Person Resigning)	, hereb	y withdraw/resign	as a	
_ Manage	Print Title)	_ ·			
of this limited lial resignation in wr	pility company and affirn ting.	n the limited lia	bility company has	s been notif	ied of my
120	Wille				
Signature of Di	ssociating Member or Re	signing Manag	er		
	\$25.00 (Required) \$30.00 (Optional)			\mathbb{Z}_{x}	20:
	(2 p)			L A	25 -