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## COVER LETTER

Registration Section Division of Corporations Icon Vacation Rentals, LLC SUBJECT: (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: Ryan Scotson (Contact Person) Icon Vacation Rentals, LLC. (Firm:Company) 9100 Conroy Windermere Road #200 (Address) Windermere, FL 34786 (City/State and Zip Code) For further information concerning this matter, please call: Ryan Scotson 321 (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 ☐ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO:



## 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)

of State is:	e limited liability company as it appears on the records of the Florida I Vacation Rentals, LLC.	Department
	nument/registration number assigned to this limited liability company i	s:
n o	ember/manager withdrew/resigned or will withdraw/resign is:	3
4. I. Print	, hereby withdraw/resign as a	
Manager	ante of t traint acaigning)	
<del></del>	(Print Title)	
of this limited lia resignation in wa	bility company and affirm the limited liability company has been notified.	fied of my
Signature of D	ssociating Member or Resigning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required)	2023 J