## L2100041480

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
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## **COVER LETTER**

TO: Re	egistration Section	
Di	ivision of Corporations	
SUBJEC	Sunchasers at the Biarritz LLC	
	(Name of L	mited Liability Company)
The enclo	sed member, resignation or disso	ciation and fee(s) are submitted for filing.
Please ret	urn all correspondence concernir	g this matter to:
Robert Jam	nes	
	(Contact Person)	
Sunchasers	at the Biarritz	
	(Firm/Company)	
309 Pearl S	St	
	(Address)	<del></del>
Daytona Bo	each, FL 32114	
	(City/State and Zip Code)	
For furthe	er information concerning this ma	tter, please call:
Robert Jam	nes	386 631-1713 at ( )
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed	please find a check made payable	to the Florida Department of State for:
<b>≡</b> \$25 Fi		☐ \$55 Filing Fee & Certified Copy
•	• •	
	ailing Address:	Street Address:
	egistration Section	Registration Section
	ivision of Corporations O. Box 6327	Division of Corporations The Centre of Tallahassee
	ollahassee, FL 32314	2415 N. Monroe Street, Suite 810
10		Tallahassee, FL 32303

CR2E079 (2/14)



## 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 on the records of the Florida Department
of State is: Sunct	nasers at the Biarritz, LLC
2. The Florida doce L21000416680	ument/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4. I, Victor K. Ingram	, hereby withdraw/resign as a ame of Person Resigning)
Registered Agent	Pres
-	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	ssociating Member or Resigning Manager
	\$25.00 (Required) \$30.00 (Optional)