

h22 000149306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

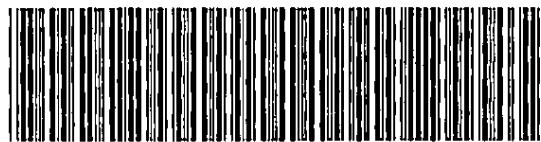
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUN 29 2022

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Villagers Property Watch 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:

Page Holley
(Contact Person)

Villagers Property Watch LLC
(Firm/Company)

16250 SE 36th Ave
(Address)

Summerfield FL 34491
(City/State and Zip Code)

For further information concerning this matter, please call:

Page Holley
(Name of Contact Person) at (352) 454-4768
(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

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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 as it appears on the records of the Florida Department of State is: VILLAGERS PROPERTY WATCH LLC.

2. The Florida document/registration number assigned to this limited liability company is: L220000149306.

3. The date this member/manager withdrew/resigned or will withdraw/resign is: APR 11 2022.

4. I, Karen Smith,
(Print Name of Person Resigning)

PMBR

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Karen Smith

Signature of Dissociating Member or Resigning Manager

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FLORIDA DIVISION OF CORPORATIONS

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)