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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)	· · · · · · · · · · · · · · · · · · ·
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name)	
(Do	ocument Number)	······································
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
<u> </u>		

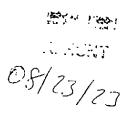
Office Use Only



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COVER LETTER

то:	Registration Section Division of Corporations
SUBJ	ECT: <u>Crandall Castom Home Lhd</u> (Name of Limited Liability Company)
The e	closed member, resignation or dissociation and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to:
	Carlo Herrarde
	(Contact Person)
	20 20 20
ø	(Firm/Company) 1963 NW Dy vorol St. (Address) (City/State and Zip Code)
	1963 NW Dy void St. 1623 PH 12:50 areadin, 70 34266 12:50
	(City/State and Zip Code)
For fu	ther information concerning this matter, please call:
	(Name of Contact Person) (Area Code & Daytime Telephone Number)
Englo	
	ed please find a check made payable to the Florida Department of State for: Filing Fee \$55 Filing Fee & Certified Copy
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

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)

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: Crandall Custom Home LLC
2. The Florida document/registration number assigned to this limited liability company is:
<u>L 23000 5 5 8 8</u>
3. The date this member/manager withdrew/resigned or will withdraw/resign is: $8/19/2$
4. I. Donna Crandall Tripp , hereby withdraw/resign as a (Print Name of Person Resigning)
Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Warna C. Tripos
Signature of Dissociating Member or Resigning Manager

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