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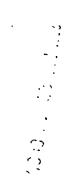
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PICK-UP WAIT MAIL				
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Special Instructions to Filing Officer:				
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COVER LETTER

Registration Section TO: **Division of Corporations** Wild Iris Property 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: Mary Jane Carter c/o Shirley Straub (Contact Person) Wild Iris Property LLC (Firm/Company) 4163 Oxford Ave (Address) Jacksonville, Florida (City/State and Zip Code) For further information concerning this matter, please call: Shirley Straub (Area Code & Daytime Telephone Number) (Name of Contact-Person) Enclosed please find a check made payable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy **\$25** Filing Fee

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



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)

		s it appears on the records of the	he Florida Department
of State is:	ris Porperty LLC		· •
2. The Florida docu	ment/registration number a	assigned to this limited liability	company is:
L23000267798		·	• • • • • • • • • • • • • • • • • • • •
3. The date this mer	mber/manager withdrew/res	signed or will withdraw/resign	is:
4. I, Gregory S. Carter (Print Na	nme of Person Resigning)	, hereby withdraw/resign	ı as a
Manager			
of this limited hab resignation in write	print Title) sility company and affirm the ting. sociating Member or Resignation	the limited liability company has	is been notified of my
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Required)		