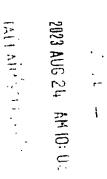


(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) [PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
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Certified Copies Certificates of Status	(Business Entity Name)
	(Document Number)
Special Instructions to Filing Officer:	Certified Copies Certificates of Status
	Special Instructions to Filing Officer:





08/24/23--01025--004 **25.00





COVER LETTER

Registration Section

TO:

Division of Corporations LAKEWOOD RANCH HOMES REALTY 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: Monica Camacho (Contact Person) Lakewood ranch homes realty LLC (Firm/Company) P.O BOX 51478 (Address) Sarasota, FL 34232 (City/State and Zip Code) For further information concerning this matter, please call: at (_____)

(Area Code & Daytime Telephone Number) Monica Camacho (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: S55 Filing Fee & Certified Copy ■ \$25 Filing Fee Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



2023 AUG 24 AM 10: Co

FLORIDA DEPARTMENT OF STATE TALL AHASSET FOR DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	the florida Department
	imited liability company as it appears on the records of the Florida Department WOOD RANCH HOMES REALTY L.L.C
	ment/registration number assigned to this limited liability company is:
3. The date this men	mber/manager withdrew/resigned or will withdraw/resign is:
(Print No	ame of Person Resigning)
·	Print Titles
of this limited lial resignation in wr	oility company and affirm the limited liability company has been notified of my iting.
Edmind u) an
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)