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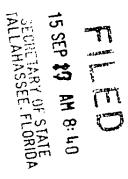
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M11-3359 Diss of Mem

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SEP 22 2015 N. CAUSSEAUX

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	CAMBRIDGE SWINERTON,	LLC	
oobsec1.	(Name of Limit	ed Liability Co	ompany)
The enclosed	member, resignation or dissocia	tion and fee((s) are submitted for filing.
Please return	all correspondence concerning t	his matter to	:
JANE WALI	KER		
	(Contact Person)		name.
CAMBRIDG	GE SWINERTON BUILDERS,	INC.	
	(Firm/Company)		
5901 PEAC	HTREE DUNWOODY ROAD	B-300	
	(Address)		
ATLANTA,	GA 30328		
	(City/State and Zip Code)		
For further in	formation concerning this matte	r, please call	:
JANE WALI	KER	678 at (553-4529
(Na	ame of Contact Person)		e & Daytime Telephone Number)
Enclosed plea \$25 Filing	ase find a check made payable to Fee		Department of State for: g Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (2/14)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



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)

	limited liability company as IBRIDGE SWINERTON, L	it appears on the records of the Florida	a Department
	ument/registration number as	signed to this limited liability company	y is:
3. The date this me	mber/manager withdrew/resi	igned or will withdraw/resign is:	/2015
4. I, DONALD BO (Print A	OURNE lame of Person Resigning)	, hereby withdraw/resign as a	
	iting.	e limited fiability company has been no	otified of my
Signature of D	nsld Boz:		15 SEP
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		ASSEE, FLORIDA