

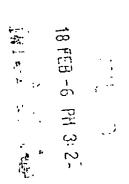
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| , , , , , |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |

Office Use Only



000308569750

02/08/19--01007--001 **25.00



TEB 0.7.755

COVER LETTER

| | Registration Section | | | |
|----------|---|--------------------|---|--|
| | Division of Corporations | | | |
| SUBJE | CCT: Seediv LLC | | | |
| | (Name of Limited Liability Company) | | | |
| The enc | closed member, resignation or disso | ociation and fee(s | a) are submitted for filing. | |
| Please r | return all correspondence concernin | g this matter to: | | |
| Cynthi | a Sarsen | | | |
| | (Contact Person) | _ | - | |
| | | | | |
| | (Firm/Company) | | _ | |
| | | | | |
| 2561 5 | Sunny Creek Drive | | | |
| - | (Address) | | _ | |
| Flemin | g Island FL 32003 | | | |
| | (City/State and Zip Code) | | - | |
| For furt | her information concerning this ma | tter, please call: | | |
| Cynthia | a Sarsen | 813 at (| 453-7697 | |
| | (Name of Contact Person) | \ | & Daytime Telephone Number) | |
| | d please find a check made payable Filing Fee | | Department of State for: Fee & Certified Copy | |
| | CT/COURIER ADDRESS: | | MAILING ADDRESS: | |
| _ | ntion Section n of Corporations | | Registration Section | |
| | n of Corporations Building | | Division of Corporations P.O. Box 6327 | |
| | Recutive Center Circle | | Tallahassee, Florida 32314 | |
| | ssee, Florida 32301 | | | |

CR2E079 (2/14)



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 it appears on the records of the Florida Department div LLC |
|--------------------------------|---|
| 2. The Florida doc | ument/registration number assigned to this limited liability company is: |
| 3. The date this me | mber/manager withdrew/resigned or will withdraw/resign is: |
| 4. I. Richard W A | |
| Manager | |
| | (Print Tide) |
| resignation in wr | bility company and affirm the limited liability company has been notified of my iting. Live State of Member of Resigning Manager |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) |