Lo20costas

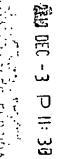
| (Reque | estor's Name) | | | |
|------------------------------|----------------|-------------|--|--|
| (Addre | ss) | | | |
| . (Addre | ss) | | | |
| (City/S | tate/Zip/Phon | e #) | | |
| . PICK-UP | ☐ W AIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Docur | ment Number) | | | |
| Certified Copies | Certificates | s of Status | | |
| Special Instructions to Fili | ng Officer: | | | |
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Office Use Only



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12/7/18/05



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)

| Bal I | limited liability company as i | • | of the Florida Department |
|--|---|------------------------------|---------------------------|
| 2. The Florida doce | iment/registration number ass | signed to this limited liabi | lity company is: |
| 3. The date this me | mber/manager withdrew/resign | gned or will withdraw/res | ign is: |
| 3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/30/2 4. I, Marilyne Neuchat, hereby withdraw/resign as a | | | |
| Manager | | | |
| of this limited lia resignation in wr | bility company and affirm the iting. Is sociating Member or Resign | | ASSERTION TO |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | H: 3g |