L04000080343

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

Office Use Only



100259101901

04/25/14--01024--016 **75.00

14 APR 25 PH 4: 12 SECRETARY DE STATE

ATTENDED TO THE TENDED TO THE TENDE TENDED TO THE TENDED TO THE TENDED TO THE TENDED TO THE TENDED T

C. LEWIS

MAY 5 2014

EXAMINER

APPROVED AND FILED

14 APR 25 PM 4: 12

SECRETARY OF STATE TALLAHASSEE, FLORIDA



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)

The name of the limited liability company as it appears on the reconstruction of State is: Southwest Florida Family, LLC	cords of the Florida Department
2. The Florida document/registration number assigned to this limite L04000080343	d liability company is:
3. The date this member/manager withdrew/resigned or will withdra	w/resign is:
4. I, Timothy Reichert , hereby withdom , hereby withdom (Print Name of Person Resigning)	
MGR :	
(Print Title) of this limited liability company and affirm the limited liability corresignation in writing.	mpany has been notified of my
Signature of Dissociating Member or Resigning Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	