

L08000016238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

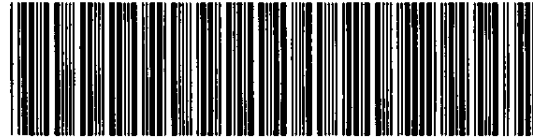
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
15 APR 17 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LC
MBE/mgr

APR 23 2015

R. WHITE



15 APR 17 PM 1:48

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: 14901 NW 7 AVENUE, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L08000016238

3. The date this member/manager withdrew/resigned or will withdraw/resign is: March, 20 2015

JAMES H. BAILEY

4. I, _____, hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGER

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

James H. Bailey
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)