

L100000 87780

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

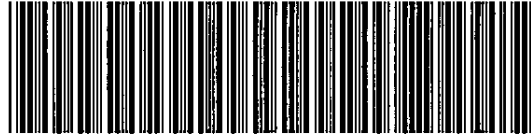
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF REVENUE
FALL ARK. SE. 1100-50
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JUN 28 2016
S. YOUNG

JUN 28 2016
S. YOUNG



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)

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

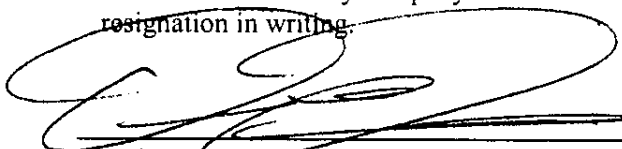
2. The Florida document/registration number assigned to this limited liability company is: L10000087780

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 04/01/2016
Daniel Dominguez

4. I, _____, hereby withdraw/resign as a
(Print Name of Person Resigning)
President, Paid Attention Inc.
(Print Title)

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



Signature of Dissociating Member or Resigning Manager

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