## 114000165612

(Re	equestor's Name)			
(Ac	idress)			
(Ac	ldress)			
(Cir	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				





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12/17/15--01009--004 \*\*50.00



DEC 17 2015 J SHIVERS



## 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		of the Florida Departmen	
2. The Florida doct L1400016561	ument/registration number as 2	ssigned to this limited liab	pility company is:	
	mber/manager withdrew/res	signed or will withdraw/res	sign is:	
4. I,		, hereby withdraw/re	_, hereby withdraw/resign as a	
(Print N	lame of Person Resigning)		-	
MGRM				
	(Print Title)		<b>15</b> SE(	
of this limited lia resignation in wr	bility company and affirm thiting.	ne limited liability compan	y has been to the of into the	
Signature of D	issociating Member or Resig	ning Manager	PH 7: 48	
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			