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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 420 rlando LLC (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Brian Blaschla (Contact Person)
420rlando LLC (Firm/Company)
21467 (any Road 455 (Address)
Clermont FL 34715 (City/State and Zip Code)
For further information concerning this matter, please call:
Rrian Blaschka at (414) 748-051 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: MAILING ADDRESS

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)



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	e limited liability company as it appears on the records of the Florida Department
	42 Orlando LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
_ LI(699 × 133 × 18
	ember/manager withdrew/resigned or will withdraw/resign is:
4. I, <u>Carla</u> (Print N	// hereby withdraw/resign as a // Jame of Person Resigning)
	is Portner
J	(Crimi Title)
resignation in wr	
Carlat	Hatrane
Signature of Di	issociating Member or Resigning Manager
	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)