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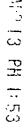
(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

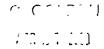
Office Use Only



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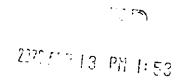


COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: A BETTER Company) (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:
MLE NUTSTEIN (Contact Person)
A BETTER Copy (Firm/Company)
202 E, New HAVEN XIVE
(Address)
MELBOURNE, FL 3290)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (321), 693-176 18 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee S55 Filing Fee & Certified Copy
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

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)

	limited liability company as it appears on the records of the Florida Department A BETTER CEPTOLE .
2. The Florida doci	ment/registration number assigned to this limited liability company is:
4170	00/30328
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4.1, YALE	hereby withdraw/resign as a ame of Person Resigning)
	Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Tab	
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)