## L19000043016

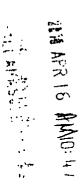
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100327612301

04/16/19--01017--003 \*\*25.00





## 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)

	climited liability company as it appears on the records of the Florida Department
2. The Florida doc L190000430	ument/registration number assigned to this limited liability company is:
Jonathan	3/19/2019 ember/manager withdrew/resigned or will withdraw/resign is:  Honig
Manager	(Print Title)
resignation in w	ability company and affirm the limited liability company has been notified of my
Filing Fee:	\$25.00 (Required) \$30.00 (Ontional)