

(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Q. SILAS					

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## **CORPORATE** ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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SECRETARY OF STATE
TALLAHASSEE. FL

## 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	
of State is: Bage	els of Naples II LLC		
2. The Florida doc L20000089026	nument/registration number assig	ned to this limited liability company is:	
3. The date this me	ember/manager withdrew/resign	ed or will withdraw/resign is:	
(Print N	Name of Person Resigning)		
Manager			
<del></del>	(Print Title)		
of this limited lia resignation in wr	bility company and affirm the li	mited liability company has been notified of my	
/ John	Paul Figaro		
Signature of Di	issociating Member or Resignin	g Manager	
Filing Fee:	\$25.00 (Required)		
	\$30.00 (Optional)		