L00000004117

(Requestor's Name)			
Melissa	Buchar	nan	
(A	ddress)		
(A	ddress)		
	P.O. Box 56994 ———— Jacksonville, FL. 32241		
PICK-UP	☐ WAIT	MAIL MAIL	
(B	usiness Entity Nam	ne)	
(D	ocument Number)		
Certified Copies	Certificates	of Status	
Special Instructions to	Filing Officer:		
1			

Office Use Only



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12/27/04--01057--007 **25.00



M01/03/03

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I,	
(Limited Liability Company) a limited liability company organized under the laws of the State of Florida	
a limited liability company organized under the laws of the State of Florida	
and affirm that the limited liability company has been notified in writing of the resignation.	
(Signature of resigning manager, managing member or member)	

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314