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COVER LETTER

_	ion of Corporations		
SUBJECT:	The Unger Law Group, P.L		
	(Name of Lim	ited Liability Com	pany)
The enclosed	I member, resignation or dissoci	ation and fee(s)	are submitted for filing.
Please return	all correspondence concerning	this matter to:	
Scott Tackt	ill		
	(Contact Person)		•
The Unger	Law Group, P.L.		
	(Firm/Company)		-
3203 Lawto	on Road, Suite 200		
	(Address)		•
Orlando, Fl	_ 32803		
	(City/State and Zip Code)		-
For further in	nformation concerning this matte	er, please call:	
Scott Tackt	ill	407	425-6880
(N	ame of Contact Person)		& Daytime Telephone Number)
Enclosed ple \$25 Filing	ase find a check made payable t g Fee		epartment of State for: Fee & Certified Copy
	OURIER ADDRESS:		MAILING ADDRESS:
Registration Division of C			Registration Section Division of Corporations
Clifton Build			P.O. Box 6327
2661 Execut	ive Center Circle Florida 32301		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)

The name of the limited liability company as it appears on the records of the Florida Departr of State is:	nent 	
2. The Florida document/registration number assigned to this limited liability company is: L00000006097		
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4. I, Christopher Gilbert (Print Name of Person Resigning) (Print Name of Person Resigning)	_	
Manager and Member (Print Title) of this limited liability company and affirm the limited liability company has been notified of resignation in writing. Signature of Dissociating Member or Resigning Manager	15 4 2 - 1 4 4 7: 32	717.12

Filing Fee: Certified Copy:

\$25.00 (Required) by: \$30.00 (Optional)