TO SW 1146 Ave	000000
Cape Corcel, FL 3399 Gity/State/Zip Phone #	Office Use Only
1. Corporation NAME(S) & DOCUMI (Corporation Name)	IENT NUMBER(S), (if known): (Document #)
Corporation Name) (Corporation Name) (Corporation Name)	(Document #) 20005650623 -06/03/0201064001 ****110.08 ******25.00
4(Corporation Name) Walk in Pick up time	(Document #) ———————————————————————————————————
Mail out Will wait NEW FILINGS Profit Not for Profit Limited Liability Domestication	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal
OtherOTHER FILINGS☐ Annual Report	Dissolution/Withdrawal Merger REGISTRATION/QUALIFICATION Foreign
Fictitious Name	Limited Partnership Reinstatement Trademark Other Examiner's Initials
	L'adillici 3 Illiciais

CR2E031(7/97)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, William Jale Rothermel hereby resign as Owners Managing (Title) Operator
of Enhanced Lamscace, LC (Limited Liability Company)
a limited liability company organized under the laws of the State of Florido
and affirm that the limited liability company has been notified in writing of the resignation.
(Signature of resigning manager, managing member or member)

TILLU JUN -3 PM 3:3:

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