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(I	Requestor's Name)			
- (,	Address)			
(,	Address)			
(1	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(1	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
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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)

	limited liability company as	it appears on the records of the I	Florida D	epartmen
2. The Florida docu L0200000001	_	ssigned to this limited liability co	mpany is	3:
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is:	August	4, 2015
4. I, Ray D. Smith, hereby with, hereby with				
Manager				
	(Print Title)			
resignation in wr		e limited liability company has b	een notif	ïed of my
_	\$25.00 (Required) \$30.00 (Optional)	LAHASSEE, FLO	115 AUG IO P I	