L02000015371

(Re	questor's Name)		
(Address)			
(Ad	dress)		
(Cit	y/State/Zip/Phone	#)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



200262460232

200262450232 07/23/14--01034--013 **25.00

14 JUL 23 PH 3: 52

C.8/5/14

COVER LETTER

TO: Registration Section
Division of Corporations

Э,

npany, LLC	
ited Liability Co	empany)
ation and fee((s) are submitted for filing.
this matter to	· Ac
	ABA ABA ABA
	—
	 F.,
	
 .	
er, please call	:
239	549-5680
	e & Daytime Telephone Number)
	Department of State for: g Fee & Certified Copy
	MAILING ADDRESS:
	Registration Section
	Division of Corporations P.O. Box 6327
	er, please call at (239 Area Codo the Florida

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301



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 I	imited liability company as it	appears on the records of the Florida Department
of State is:	ech Development Compar	ny, LLC
2. The Florida docur	_	igned to this limited liability company is:
3. The date this men	nber/manager withdrew/resig	ned or will withdraw/resign is:
4. I, Faustino J. Pa	me of Person Resigning)	, hereby withdraw/resign as a
President		
(F	Print Title)	
resignation in writ	ing.	limited liability company has been notified of my
Signature of Dis	sociating Member or Resigni	ng Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	