L0200027550

	(Requestor's Name)				
(Address)					
	(Address)				
(City/State/Zip/Phone #)					
PICK-U	P WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					
		1			
	<u> </u>	of Status			

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COVER LETTER

Division of Corporations		
SUBJECT: OLIVIA LLC		
	ited Liability Co	mpany)
The enclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:	
Bill T. Smith, Jr., Esq.		
(Contact Person)	·	_
Bill T. Smith, Jr., P.A.		
(Firm/Company)		_
980 North Federal Highway, Suite 402		_
(Address)		
Boca Raton, FL 33432		
(City/State and Zip Code)		_
For further information concerning this matter	er, please call:	
Bill T. Smith, Jr.	561	368-5757
(Name of Contact Person)	(Area Code	e & Daytime Telephone Number)
Enclosed please find a check made payable t 2 \$25 Filing Fee		Department of State for: g Fee & Certified Copy
— \$25 Filling Fee	ω ψ55 i iiii,	g ree a continua copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations		MAILING ADDRESS: Registration Section Division of Corporations
Clifton Building		P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301

TO: Registration Section



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	limited liability company as	s it appears on the records of the Flor	ida Dep	artmei	nt
of State is: OLIV	/IA LLC				.•
2. The Florida docu L0200002755	_	ssigned to this limited liability comp	any is:		
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is:	TALLAHASS	15 NOV 19	. in gir . in and girant
(Print N	ame of Person Resigning)	, hereby withdraw/resign as a	r ür sikir EE. FLORIU	PH 2: 23	
of this limited lia resignation in wr	bility company and affirm th	ne limited liability company has been	notified		у
	\$25.00 (Required) \$30.00 (Optional)	- -			