| * | 602000028923 |
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|---|
| KEVIN JUSTICE 5544 E SHADOW LANE INVERNESS FL 34452 |
| (Address) |
| (City/State/Zip/Phone #) |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| 12/18 Res. Mgz. |
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| |
| 62-28923 |

Office Use Only



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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I. <u>Kevin Justice</u>, hereby resign as <u>member</u> (Title)

(Limited Liability Company)

a limited liability company organized under the laws of the State of ______ Florida______

and affirm that the limited liability company has been notified in writing of the resignation.

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(Signature of resigning manager, managing member or member)

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallabassee, FL 32314

CR2E079(10/99)