102000030996

BILL GILLES PIR (Requestor's Name)	
2400 NE 5th Hu. (Address)	
(Address) W1 Hon Manors, F/. 3350 (City/State/Zip/Phone #)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
}	
}	
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Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Bill Gillespie	, hereby resign as MGRM
of Keep the Change	F21 ± 030493165
of Keep the Change (Limited Iliability a 100 NE 54h Avet WI / To a limited liability company organized under the law	ty Company) M MARCHS. FC. 33505 ws of the State of + LORIDA
and affirm that the limited liability company has be	en notified in writing of the resignation.

(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
Tallahassee, FL 32314