L03000048456

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	,
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use On	Νίγ

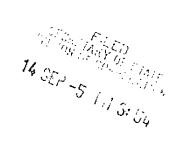


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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	e limited liability company as it appears on the records of the Florida Department mestead Plaza Group, LLC
2. The Florida doc L030000484!	nument/registration number assigned to this limited liability company is:
3. The date this m	ember/manager withdrew/resigned or will withdraw/resign is:
A = = 141	dla 111
4. 1,	Name of Person Resigning), hereby withdraw/resign as a
Managing M	ember
***************************************	(Print Title)
of this limited lie resignation in w	ability company and affirm the limited Hability company has been notified of my riting.
C	J Candl
Signature of D	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Conv	\$30 00 (Ontional)