L0400007661	
(Requestor's Name) (Address)	300277590563
(Address) (City/State/Zip/Phone #)	000211000000
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	10/02/1501022018 **25.00
Special Instructions to Filing Officer:	ALLAN T
Office Use Only	FILED SECRETARY OF STATE ALLAHASSEE, FLORIDA
	OCT 0 5 2015 S MASON



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)

- 2. The Florida document/registration number assigned to this limited liability company is: L04000007661

3. The date this member/manager withdrew/resigned or will withdraw/resign is: $\frac{7/29}{15}$

, hereby withdraw/resign as

4. I. Nancy Jean Chapman

(Print Name of Person Resigning)

Member

(Print Title)

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

Signature of Dissociating Member dr Resigning Manager

Filing Fee: Certified Copy: \$25.00 (Required) \$30.00 (Optional)

na mai yont unit bebrook

Expires June 25, 2018

LAURA TRULLARD Commission # FF 104863

State of Fiorida, County of

(type of identification)

(Print, Type or sceing Contraitstiched Name of Notary Public)

Personelly known to me, or

Produced identification:

CR2E079 (2/14)