L040000 15520

•
(Requestor's Name)
Ms. Diana Cox 154 Olive Tree Cir Altamonte Springs, FL 32714
(radicas)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, (Document Number)
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RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

And Achier	, hereby resign as Mombes	
1 7	(Title)	
of Cox + Ashley UC		
(Limited Liability Company)		
a limited liability company organized under the law	s of the State of Florida.	
and affirm that the limited liability company has been notified in writing of the resignation.		
Saul Sal	llus	
(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