## L040000/8160

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
(Bu	usin <b>ess</b> Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
	ET. OF.	
Special Instructions to	Filing Officer:	1
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Office Use Only



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## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

Lo	4-18/60		
I, lodic B. Josof, hereby resign as Monage R			
of Pro-Squad Connected Had and Duck Cla (Limited Liability Company)	ouing,		
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.			
(Signature of resigning manager, managing member or member)	OS JUL 11 PH		
	2: 1-5 FLORIE		

## 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