

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



300301368543

07/18/17~-01020--023 +*55.0U

17 JUL 18 PH 3: 00 DIVISION OF CORPORATIONS

O SHAWONS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Secrit (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
ROW E OV (Contact Person)
Secritor Title ((C)
1933 Sw 27 aye Sitt #201
Mi Cimi FL 35145 - (City/State and Zip Code)
For further information concerning this matter, please call:
Rail E O'V + at (305) 772 - 4932. (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sum_{\text{\$\subset\$}}\$

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)



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)

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: Painty Title, (CC.
2. The Florida document/registration number assigned to this limited liability company is:
L040000422166
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1014 13, 2017
4. I, Will H. OA., hereby withdraw/resign as a (Print Name of Person Resigning)
Lanciging member. (Prinotitle)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: