1-L04000664343

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Oity/State/Zip/Filone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status	-			
	7			
Special Instructions to Filing Officer:				
Resign				
Office Use Only				



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FILED SECRETARY OF STATE DIVISION OF CORPORATION



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	he limited liability company as i	t appears on the records of the Florida Department
	ability company was organized	under the laws of:
	ocument/registration number of	this limited liability company is:
4. I, <u>Eliza</u> (Prin	ABETH ANN THOMAS It Name of Person Resigning)	, hereby resign as a MANAGING MEMBER_ (Print Title)
of this limited resignation in		limited liability company has been notified of my
Lugation	the Shower	
Signature of R	esigning Member, Managing M	ember or Manager
Filing Fee:	\$25.00 (Required)	

Certified Copy:

\$30.00 (Optional)