04000079041

(Requestor's Name)	
(Address) ARKITEKT, LLC 351 A ROBINSON LANE PENSACOLA, FL 32514	100043
(City/State/Zip/Phone #) PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status Special Instructions to Filing Officer: IM	01/18/0501
(04-79041	
Office Use Only	

FISUDOCSTA or dates



746081

M.H.

039--011 **50.00

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I,	Boni, durin A. May hereby resign as Managing Member
	(Title)
of _	Arkitekt, LLC
	(Limited Liability Company)
a lim	nited liability company organized under the laws of the State of The Laws of the State of
and a	affirm that the limited liability company has been notified in writing of the resignation.
	(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

05 JAN 18 PM 4: 07