

**L04000080343**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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04/25/14--01024--016 \*\*75.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 APR 25 PM 4:18

APPROVED  
AND  
FILED

C. LEWIS

MAY 5 2014

EXAMINER

APPROVED  
AND  
FILED

14 APR 25 PM 4:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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: Southwest Florida Family, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L04000080343

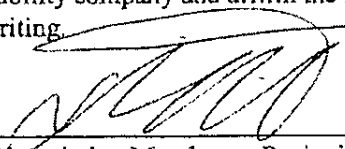
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4/21/14

4. I, Mikhail Trakhtenberg, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MGR

(Print Title)

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

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)