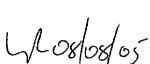
04000090528

| Briley (Requestor's Name) | |
|---|-------------------------------|
| (Address) | |
| 8829 Cypress Reserve Cir. | 700057945357 |
| Orlando, FL 30836 (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | 08/01/0501046013 ** 25 |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
| | LA 08/1 |
| | TAL O |
| | CLAN |

Office Use Only



**25.00



RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

| I. Theresa Briley | hereby resign as | |
|--|------------------------------------|--|
| or Atlanticheal Estate | (Pitle) | |
| (Limited Liability Company) | | |
| and affirm that the limited liability company has been notified in writing of the resignation. | | |
| | Price To AUG - T | |
| (Signature of resigning ma | anager, managing member or member) | |
| | DRIE 35 | |

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