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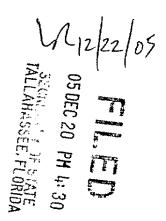
(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: THE L2 GALLERY, LLC (Name of Lin	nited Liability Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing	g Member or Manager and fee(s) are submitted for
Please return all correspondence concerning this	matter to the following:
MARK A. VIOLETTE (Name of Person)	
MARK A. VIOLETTE, P.A. (Firm/Company)	
34990 Emerald Coast Parkway, Su	ite 403
Destin, Florida 32540 (City/State and Zip Code)	
For further information concerning this matter, p	olease call:
Mark Violette (Name of Person)	at (850) 654-0068 (Area Code & Daytime Telephone Number)
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
Enclosed is a check for the following amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Kim K. Lien	, hereby resign as Managing Member (Title)	
of THE L2 GALLERY, LLC	To the	
(Limited Liability Company)		
a limited liability company organized under the law	s of the State of FLORIDA	
and affirm that the limited liability company has been	en notified in writing of the resignation.	
(Signature of resigning manager, m	nanaging 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