L05000031100

(F	Requestor's Name)
A)	address)
(A	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
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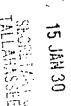
TO: Registration Section Division of Corporations	
SUBJECT: MEANS F CALLS (Name of Limited Liability)	vell, LLC Company)
The enclosed member, resignation or dissociation and fe	e(s) are submitted for filing.
Please return all correspondence concerning this matter t	0:
HARTLEY M. CALDUS (Contact Person)	11,71
MEANS E CALDWELL L	LC
3946 TURKPY Point Dr	-
(Address) Melhoarne FL 3293 (City/State and Zip Code)	4
For further information concerning this matter, please call the property of the content of the c	II: 253-2924 ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida \$25 Filing Fee ChK #1321	a Department of State for: ing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

Tallahassee, Florida 32301

CR2E079 (2/14)



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: MEANS & CALDWELL, LIC.
2. The Florida document/registration number assigned to this limited liability company is:
L05000031100
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1 FEB 2015
4. I. ACRUEL TIL hereby withdraw/resign as a (Print Name of Person Resigning)
WGR member (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my regignation in writing.
Taugh Ilus
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)