

From: Division of Corporations

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LOS 0000 45973

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : PORTER, WRIGHT, MORRIS & ARTHUR
Account Number : 102235003513
Phone : (614) 227-1936
Fax Number : (239) 593-2590

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: TWALTERS@porterwright.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RANDOM MOVES, LLC

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#872 P.002/003



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: Random Moves, LLC

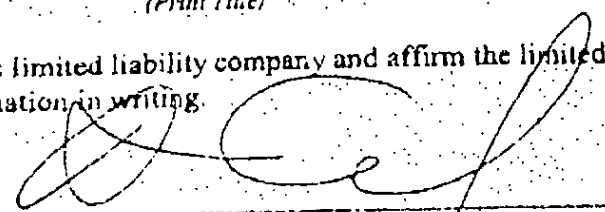
2. The Florida document/registration number assigned to this limited liability company is: L05000045973

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/27/2018

4. I, Dr. Dominick Andreoli, hereby withdraw/resign as a
(Print Name of Person Resigning)

Member / Managing Member
(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)
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