## LOSCICOUG 739

(Requestor's Name)		
•		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(City/State/Zip/Prione #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Certified Copies		
Special Instructions to Filing Officer:		
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Office Use Only



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## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liabitity company as al Springs 84, LLC	it appears on the records of the Florida Department
2. This limited liab Florida	lity company was organized	i under the laws of:
3. The Florida docu L050000467	•	f this limited liability company is:
4. I, MGC/MIL, LLC		, hereby resign as a MANAGING MEMBER & MEMBER (Print Title)
of this limited liab	ility company and affirm th	e limited liability company has been notified of my
Signature of Resi By Michael Ga	gning Member, Managing N rcia-Carrillo, Managir	1ember or Manager ng Member
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	THE PROPERTY OF THE PARTY OF TH

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