(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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DIVISION OF COM ONATIONS

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COVER LETTER

TO:	_	stration Section sion of Corporations		•	
SUBJ	ECT:	424 Development LLC			
		(Name of Limited Liability Company)			
The er	nelosed	d member, resignation or dissociat	ion and fee(s) are submitted for filing.	
Please	return	all correspondence concerning th	is matter to	:	
Kevir	n Finne	egan			
		(Contact Person)			
424 [Develo	ppment LLC			
		(Firm/Company)		_	
369 E	East D	rive		_	
		(Address)			
Melbe	ourne.	, Florida 32904			
		(City/State and Zip Code)			
For fu	irther ii	nformation concerning this matter	, please call	:	
Kevir	n Finne		321	432-7388	
	(N	lame of Contact Person)	(Area Cod	e & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: \$\Begin{align*} \Pi \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
	-	OURIER ADDRESS:		MAILING ADDRESS:	
_		Section Corporations		Registration Section Division of Corporations	
	n Build	•		P.O. Box 6327	
		ive Center Circle		Tallahassee, Florida 32314	
Tallah	iassee.	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 summer of the	a limited liability common as it arrange as the assemble of the Clavide Department
	e limited liability company as it appears on the records of the Florida Department
of State is: 424	4 Development LLC
2. The Florida do L050000778	cument/registration number assigned to this limited liability company is:
3. The date this m	nember/manager withdrew/resigned or will withdraw/resign is:08/11/2017
, Brian Garha	ammer
4. 1. Print	Name of Person Resigning)., hereby withdraw/resign as a
Manager	
	(Print Title)
of this limited li resignation in w	ability company and affirm the limited liability company has been notified of my vriting.
n	
Signature of I	Dissociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)

Certified Copy:

\$30.00 (Optional)