## ~ L05000094588

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



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08 MAR -4 AM 10: 17

SECRETARY OF STATE TALLAHASSEE FLORIDA

## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	mited liability company as it J OF MADISON, LLC	• •	s of the Florida Department
2. This limited liabili FLORIDA	ty company was organized u	nder the laws of:	
3. The Florida docum	nent/registration number of the	nis limited liability cor	npany is:
•	ity company and affirm the		MANAGER AND MEMBER (Print Title) any has been notified of my
Signature of Resign	ning Member, Managing Me	mber or Manager	
Filing Fee: Centified Copy:	\$25.00 (Required) \$30.00 (Optional)		