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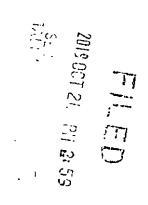
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Special Instructions to F	iling Officer:					
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Office Use Only



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Y SULVER

COVER LETTER

TO:	_	ration Section on of Corporations		
SUBJ	ECT: _	LLC, LLC	Limited Liability Cor	nnany)
Thomas	valorad	member, resignation or diss	•	
THE CI	icioscu	member, resignation of diss	ociation and rec(s	are submitted for ming.
Please	return	all correspondence concerni	ng this matter to:	
Lisa S	S. Meril	son		
		(Contact Person)	*****	_
LLC,	LLC			
		(Firm/Company)		-
221 N	1. Caus	eway, Suite B		
		(Address)		_
New :	Smyrna	a Beach, FL 32169		
		(City/State and Zip Code)		-
For fu	rther int	formation concerning this m	atter, please call:	
Lisa S	S. Meril	son	386	478-9873
	(Na	me of Contact Person)	(Area Code	& Daytime Telephone Number)
	sed plea Filing	se find a check made payabl Fee		Department of State for: Fee & Certified Copy
		URIER ADDRESS:		MAILING ADDRESS:
-	ration S	ection orporations		Registration Section Division of Corporations
	n Buildi	•		P.O. Box 6327
		re Center Circle		Tallahassee, Florida 32314
Tallah	assee, F	lorida 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	e limited liability company as	it appears on the records of the Florida	Department
of State is:	LLC, LLC		
2. The Florida doo L0500010775		ssigned to this limited liability company	y is: المراجعة عنوا
3. The date this m	ember/manager withdrew/res	igned or will withdraw/resign is:	6/2019
4. I. Charles T. C		, hereby withdraw/resign as a	=======================================
(<i>l'rint</i>) Manager	Name of Person Resigning)) I
	(Print Title)		
of this limited list resignation in w		e limited liability company has been no	otified of my
Signature of D	issociating Member or Resig	ning Manager	
Filing Fee: Certified Conv	\$25.00 (Required) \$30.00 (Optional)		