Division of Corporations Public Access System

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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

1. The name of the of State is:	climited liability company as	it appears on the records of Relocation	the Florida Department
2. This limited liab	oility company was organized OF FURIDA	under the laws of:	
	ument/registration number of	f this limited liability compa	uny is:
4.1, CARUS	M. PASSAPERA  Vame of Person Resigning)	, hereby resign as a	(Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing			
	L'o Stafeire		
Signature of Res	igning Membér, Managing M	lember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		
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