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From:

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Account Number : 120050000159 Phone : (772)231-4440

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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)

2. The Florida doc L0600002010	J	ssigned to this limited liability comp	oany is:
3. The date this m	ember/manager withdrew/res	igned or will withdraw/resign is: 1	ine 28, 2017
		, hereby withdraw/resign as a	
(Print) MEMBER &	Name of Person Resigning) MANAGER		
<u></u>	(Print Title)		••••
of this limited lin resignation in w		e limited liability company has been	SSOCIETARY ARTHUR SECURE IARY
Signature of D	issociating Member or Resig	ning Manager . မွ	AM 9: 37 OF STATE EFLORIDA
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)		0A