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(Re	questor's Name)	
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PICK-UP	✓ WAIT	MAIL
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COVER LETTER

TO: Registration Section Division of Corporations Palm Coast Seminole Group, LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Louis S. Weltman (Contact Person) Losowe Capital, Inc. (Firm/Company) 6615 W. Boynton Beach Blvd., Suite 341 (Address) Boynton Beach, FL 33437 (City/State and Zip Code) For further information concerning this matter, please call: Louis S. Weltman 561 715-8836 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, 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)

Pai	e limited liability company a m Coast Seminole Group	as it appears on the records of the p, LLC.	e Florida Departm	nent
	cument/registration number	assigned to this limited liability	AUG I	***
4. I,	-	esigned or will withdraw/resign i		Transaction and
	(Print Title) ability company and affirm t	the limited liability company has	been notified of	my
Signature of I	Dissociating Member or Resi	igning Manager		
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)		·	

RESIGNATION

I, GUS SIMOS, individually, hereby submit my resignation as Manager of PALM COAST SEMINOLE GROUP, LLC, a Florida corporation, effective as of the date below.

Dated: August 10, 2016

Gus Simos Individually

TALLAHASSEE, FINAL