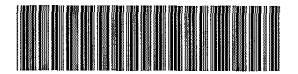
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e				
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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TO:

Registration Section
Division of Corporations



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 li of State is:	mited liability company as it appears A S LCOCID	s on the records of the Florida <u>EVELOPMENT</u>	Department LLC.
2. This limited liability	ity company was organized under the	e laws of:	
3. The Florida docum	nent/registration number of this limit)000 53 733.	ed liability company is:	and the second
•	ne of Person Resigning) lity company and affirm the limited	eby resign as a Print Ti	tified of my
Signature of Resign	2 B Managing Member or	Manager	06 DEC – SECITÉLA TALLAHAS
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		7 PMI2