L0700032682

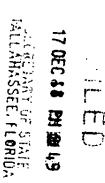
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COVER LETTER

	Registration Section Division of Corporations		
SUBJE			
	(Name of Lim	ited Liability Cor	npany)
The encl	osed member, resignation or dissoci	ation and fee(s	s) are submitted for filing.
Please re	eturn all correspondence concerning	this matter to:	
Jan Ha	nn		
	(Contact Person)		_
	(Firm/Company)	-	_
2905 S	afe Harbor Drive		
	(Address)		_
Tampa	, FL 33618		
	(City/State and Zip Code)	· · · ·	_
For furth	ner information concerning this matte	er, please call:	
Jan Ha	n	813	5455937
	(Name of Contact Person)		& Daytime Telephone Number)
	d please find a check made payable tilling Fee		Department of State for: g Fee & Certified Copy
	T/COURIER ADDRESS:		MAILING ADDRESS: Registration Section
_	of Corporations		Division of Corporations
	Building		P.O. Box 6327
2661 Ex	recutive Center Circle see, Florida 32301		Tallahassee, Florida 32314

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)

	limited liability company as	it appears on the records of the Florida Department
L0700003268	2	signed to this limited liability company is:
3. The date this me MIRA HAN	ember/manager withdrew/resi	gned or will withdraw/resign is:
(Print N AUTHORIZE	D MEMBER	hereby withdraw/resign as a SSE OF STATE OF STAT
of this limited lia resignation in w		e limited liability company has been notified of my
	issociating Member or Resign	ning Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	