L07000125094

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City/State/Zip/Phone #)
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(Document Number) Certified Copies Certificates of Status	PICK-UP WAIT MAIL
(Document Number) Certified Copies Certificates of Status	
(Document Number) Certified Copies Certificates of Status	(Duringer Entity Name)
Certified Copies Certificates of Status	(Business Entity Name)
Certified Copies Certificates of Status	
	(Document Number)
Special Instructions to Filing Officer:	Certified Copies Certificates of Status
Special Instructions to Filing Officer:	
, ,	Special Instructions to Filing Officer:
·	`
•	
•	
	·

Office Use Only



700260735547

06/03/14--01021---001 **25.00

SECRETARY OF SHAFE

APPROYELL

C. LEWIS

JUN 1 7 2014

EXAMINER

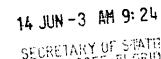
COVER LETTER

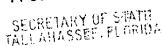
TO: Registration Section

CR2E079 (2/14)

Division of Corporations				
SUBJECT: Breezy Spring, LLC				
	ted Liability Con	ipany)		
The enclosed member, resignation or dissocia	ntion and fee(s	are submitted for filing.		
Please return all correspondence concerning t	his matter to:			
Shian-Shyan Lee				
(Contact Person)		-		
Breezy Spring, LLC				
(Firm/Company)		-		
4120 Staffordshire Drive				
(Address)		-		
Lakeland, FL 33809				
(City/State and Zip Code)		-		
For further information concerning this matter, please call:				
Ruth McDonald	863	709-1040		
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		









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)

1. The name of the l	imited liability company as it appears on the records of the Florida Department
of State is:	ezy Spring, LLC
2. The Florida document	ment/registration number assigned to this limited liability company is:
3. The date this men	nber/manager withdrew/resigned or will withdraw/resign is:
Hsien-Tse Le	Δ
	me of Person Resigning) , hereby withdraw/resign as a
MGR	
(1	Print Title)
of this limited liab resignation in writ	ility company and affirm the limited liability company has been notified of my ing.
Signature of Dis	sociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)