LDBOUTHOOS

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

Office Use Only



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COVER LETTER

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TO: Registration Section Division of Corporations	
SUBJECT: SHONT R	Tame of Limited Liability Company)
The enclosed member, resignation	or dissociation and fee(s) are submitted for filing.
Please return all correspondence c	oncerning this matter to:
LTNNE (Contact Perso	WOLFF
SHORTRUM (Firm/Compan	PRINTING
14545J S, MID (Address)	ITARY TRAIL
DEVRAY BEAG (City/State and Zip	H, FL 33484 Code)
For further information concerning	this matter, please call:
(Name of Contact Person	at (<u>561</u>) <u>901 - 9044</u> (Area Code & Daytime Telephone Number)
Enclosed please find a check made \$25 Filing Fee	payable to the Florida Department of State for: S55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building 2001 Electric Center Circle Tallahabett, Florida 12201	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tullahassee, Florida 32314
0.,025,079 (2/14)	



FUORIDA 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)

I. The name of the limited liabilit	 ty company as it appears on the records of the Florida Department
of State is: SHORT RU	NPRINTING SOLUTIONS, LLC
2. The Florida document/registrat	ion number assigned to this limited liability company is:
FEI 20-834733	P
3. The date this member/manager	withdrew/resigned or will withdraw/resign is:
4.1. KENNETH E. R (Print Name of Person Re	signing), hereby withdraw/resign as a
MGRU (Print Title)	<u> </u>
of this limited liability company resignation in writing.	and affirm the limited liability company has been notified of my
Kenne 5 Part	la_
Signature of Dissociating Me	mber or Resigning Manager
Filing Fee: \$25.00 (Re Certified Copy: \$30.00 (Op	H:
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