LUF0000 90844

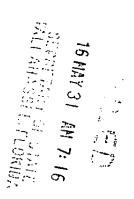
(Requestor	s Name)				
(Address)					
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COVER LETTER

	Registration Section Division of Corporations		
SUBJE			
	(Name of Limit	ed Liability Con	npany)
The end	closed member, resignation or dissociate	tion and fee(s	e) are submitted for filing.
Please	return all correspondence concerning th	nis matter to:	
Timoth	ny Shippee		
	(Contact Person)		-
Hatha	way & Reynolds, P.A.		
	(Firm/Company)		-
50 A1	A North, Suite 108		_
	(Address)		_
Ponte	Vedra Beach, FL 32082		
	(City/State and Zip Code)		-
For furt	ther information concerning this matter	, please call:	
Timoth	ny Shippee	904 at (280-5526
·	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
	ed please find a check made payable to Filing Fee		Department of State for: g Fee & Certified Copy
Registr Divisio Clifton 2661 E	ET/COURIER ADDRESS: ation Section on of Corporations Building executive Center Circle essee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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)

		pany as it appears on the records of the	e Florida Department
2. The Florida de L080000908	_	mber assigned to this limited liability	company is:
		rew/resigned or will withdraw/resign i	is: May 26, 2016
4. I, Eva Czerk	awski	, hereby withdraw/resign	as a
(Prin	it Name of Person Resigning,)	 .
Member			in the same
	(Print Title)	 '	3
of this limited resignation in		ffirm the limited liability company has	s been notified of my
Enl	Julau Dij		M 7:46
Signature of	Dissociating Member o	r Resigning Manager	
Filing Fee:	\$25.00 (Required)	

Certified Copy:

\$30.00 (Optional)