H200000695363



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From:

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Account Number : I20010000078 Phone : (407)843-8880

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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)

	• • •	s it appears on the records of the Florida Department
of State is:	de Professionals, LLC	·
2. The Florida docu 108000091880	ment/registration number as	ssigned to this limited liability company is:
3. The date this men	mber/manager withdrew/res	igned or will withdraw/resign is:
4. I, Michael B. Carrier (Print Name of Person Resigning)		, hereby withdraw/resign as a
(Print No MGRM	ome of Person Resigning)	
(Print Title)	
of this limited liab resignation in wri	· · ·	e limited liability company has been notified of my
	ullen .	
Signature of Di	ssociating Member or Resig	ming Manager
	\$25.00 (Required) \$30.00 (Optional)	

CR2E079 (2/14)