

| (Re                                     | questor's Name)   |           |  |
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| (Cit                                    | y/State/Zip/Phone | e #)      |  |
| PICK-UP                                 | WAIT              | MAIL      |  |
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| . (Bu                                   | siness Entity Nar | ne)       |  |
| (Document Number)                       |                   |           |  |
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G. MCLEOD

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**EXAMINER** 



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SECRETARY OF A FALL OF THE ATTOM



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

| 1. The name of the l   | imited liability company as it appears on  | · ^ \                              |             |
|--|--|------------------------------------|-------------|
| 2. This limited liabil   | lity company was organized under the law   | ws of:                             |             |
| 3. The Florida documents of the Florida docume | ment/registration number of this limited l | iability company is:               |             |
| 4. I, Polos  | me of Person Resigning) hereby             | resign as a Registre (Print Title) | Farti Well  |
| resignation in writ  |  |                                    | of my       |
| Signature of Resig   | ming Member, Managing Member or Ma         | nager                              |             |
| Filing Fee:<br>Certified Copy:   | \$25.00 (Required)<br>\$30.00 (Optional)   | 09 MAR 18 PI                       | SECRETARY O |

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