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(Re	equestor's Name)				
(Ac	ldress)	· : : : : : : : : : : : : : : : : : : :			

(Address)					
(Ci	ty/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL.			
(Business Entity Name)					
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(Dr	ocument Number)				
(50	oument (tumber)				
Certified Copies Certificates of Status					
Special Instructions to	Filing Officer:				
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Office Use Only



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JUN 1 1 2013

T. HAMPTON



FLORIDA DEPARTMENT OF STATE **DIVISION OF CORPORATIONS**

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

	the limited liability company as A CUT ABOVE, LAWN M	• •		•	
of State is.					<u> </u> ,
2. This limited I Florida	iability company was organized	l under the laws of:			
3. The Florida d	ocument/registration number of 09226	f this limited liability con	npany is:		
4. I, Susan B	uccellato	, hereby resign as a	MGR		
(Print Name of Person Resigning)		 / J	(Print Title)		
of this limited resignation in	liability company and affirm th writing.	e limited liability compar	ny has been no	tified o	f my
Sus	an Buccella				
Signature of R	esigning Member, Managing M	lember or Manager			D
Filing Fee:	\$25.00 (Required)			NUL SI	SECRET IVISION O

Certified Copy:

\$30.00 (Optional)