## 109000089834

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

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## COVER LETTER

-	istration Section ision of Corporations		
SUBJECT	` <del></del>		
	(Name of Lim	ited Liability Con	npany)
The enclose	ed member, resignation or dissoci	ation and fee(s	) are submitted for filing.
Please retur	m all correspondence concerning	this matter to:	
Michael A	. Roe		
	(Contact Person)		-
Austin Ro	e Basquill PA		
	(Firm/Company)		-
2620 W. K	Kennedy Blvd.		
	(Address)		-
Tampa, Fl	L 33609		
	(City/State and Zip Code)		-
For further	information concerning this matte	er, please call:	
Michael A	. Roe	813	254-2572
(1	Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed pl ■ \$25 Filir	lease find a check made payable to ng Fee		epartment of State for: Fee & Certified Copy
STREET/O	COURIER ADDRESS:		MAILING ADDRESS: Registration Section
•	Corporations		Division of Corporations
Clifton Bui	-		P.O. Box 6327
	ntive Center Circle F, Florida 32301		Tallahassee, Florida 32314



## 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)

1. The name of th	e limited liability company as it appears on the records of the Florida Departmer	
of State is:	rida	
2. The Florida do: L09000898	cument/registration number assigned to this limited liability company is:	
Joseph Pats		
(Print	Name of Person Resigning), hereby withdraw/resign as a	
Manager Me	mber	
	(Print Title)	
Signature of D	issociating Member or Resigning Manager	18
Filing Fee:	\$25.00 (Required)	<b>FEB</b>
Certified Copy:	\$30.00 (Optional)	0

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