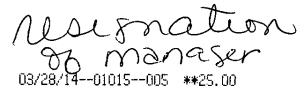
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luestor's Name)			
(Address)			
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☐ WAIT	MAIL		
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Office Use Only



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4/3/14

COVER LETTER

Registration Section

2661 Executive Center Circle

Tallahassee, Florida 32301

CR2E079 (2/14)

TO:

Division of Corporations CMA ADVISORY GROUP, LLC **SUBJECT:** (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Gary S. Edinger, Esquire (Contact Person) Gary S. Edinger, P.A. (Firm/Company) 305 N.E. 1st Street (Address) Gainesville, Florida 32601 (City/State and Zip Code) For further information concerning this matter, please call: Gary S. Edinger 352 338-4440 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Fiorida Department of State for: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327

Tallahassee, Florida 32314



FILED

2014 MAR 28 PM 4: 35

FLORIDA DEPARTMENT OF STATEALL AHASSEE, FLORIDA DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	e limited liability company as it	appears on the records of the Florida Department
2. The Florida doo	_	gned to this limited liability company is:
3. The date this m	ember/manager withdrew/resig	ned or will withdraw/resign is:
4. I, KARL C. AS	SHLEY	, hereby withdraw/resign as a
Manager		
	(Print Title)	
of this limited li resignation in w	, , ,	limited liability company has been notified of my
Signature of I	Dissociating Member or Resigni	ng Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	