# L09000/05501

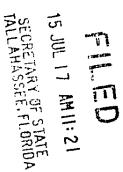
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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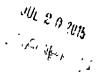
Office Use Only



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#### **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJECT: US Digest LLC						
(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:						
June FRANKlin (Contact Person)						
N/A (Firm/Company)						
5839 - 4th 5t, 5. (Address)						
St. Petersburg, F1, 33705 (City/State and Zip Code)						
For further information concerning this matter, please call:						
June Franklin at (727) 804-088 (Area Code & Daytime Telephone Number)						
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee & Certified Copy						

#### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Tallahassee, Florida 32314

MAILING ADDRESS: Registration Section

Division of Corporations

P.O. Box 6327

CR2E079 (2/14)



### 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 the lin	mited liability company	as it appears on the rec	cords of the Florid	a Department
of State is:	S Dige	st LLC		·
2. The Florida docum	ent/registration number	assigned to this limite	d liability compan	y is:
L090	00 105 5	01.		1.7
3. The date this mem	ber/manager withdrew/re	esigned or will withdra	aw/resign is:	28/14
4. I, <u>U</u> une	FRANKLIN ne of Person Resigning)	, hereby withdr	aw/resign as a	,
	rint Title)			
of this limited liabil resignation in writi	lity company and affirm	the limited liability co	ompany has been n	otified of my
June	Frankle	ũ	_	
Signature of Diss	ociating Member or Res	igning Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		TALLAHASSEE	TILTE