Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

Account Name : SHUFFIELD LOWMAN Account Number : I20030000118 Phone : (407)581-9800 Fax Number : (407)581-9801

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Email Address: JMARTINEZ@SHUFFIELDLOWMAN.COM

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S. WARREN

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11/16/2017

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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 li	mited liability company as	it appears on the records of the	Florida Department
of State is: Florida	a Life & Financial, LLC		
2. The Florida docum	tent/registration number as	ssigned to this limited liability co	ompany is:
L09000110835		·	, ,
3. The date this mem	ber/manager withdrew/res	igned or will withdraw/resign is	<u>[1/13/17</u>
4, <u>L Sean D. Ryan</u>		, hereby withdraw/resign a	7 14 4
Manager	rint Title)	\bigcirc	
resignation in vriti		re limited liability company has	been notified of my
	9		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	V	FILED AN 9: ALTHRESEN FLO
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