(10900)11/883

	(Requestor's Name)		
	(Address)		
.	(Address)		
(Table 1) a see .	(City/State/Zip/Phone #)		
PICK-UP	P WAIT MAIL		
	(Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			

Office Use Only



500275215535

07/24/15--01025--028 **25.00

15 JUL 24 PN 4: 05

JUL 27 2015 S. YOUNG

COVER LETTER

ty Company)
fee(s) are submitted for filing.
er to:
And and a state of the state of
艾然 药
AL 2
call:
call: 443-7211 Code & Daytime Telephone Number)
Code & Daytime Telephone Number)
ida Department of State for: illing Fee & Certified Copy
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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)

	the limited liability company as AISA 307 LLC	it appears on the records of the Florida Departme	nt J	
2. The Florida d	locument/registration number ass	signed to this limited liability company is:	<u>h</u>	
L09000114	883		i Cr	
TEDECA	ロロログラ しひんりし かいさいシ	gned or will withdraw/resign is: July 7, 2015	JUL 24	1
(Pri)	nt Name of Person Resigning)	hereby withdraw/resign as a	<u> </u>	Ċ
MGRM				
	(Print Title)		95	
of this limited resignation in		limited liability company has been notified of m	У	
Jane E.	I.d. Sen S			•
Signature of	Dissociating Member or Resign	ing Manager		
Eiling Fee:	\$25.00 (Required)			

CR2E079 (2/14)

Certified Copy:

\$30.00 (Optional)

The state of the s